



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020  
**Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

**FILED**  
**STAMP**  
**AUG 25 2020**  
 BY 1094  
[Signature]

|                                                                                                                                                                                                             |       |                                                                                               |                        |                    |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------|------------------------|--------------------|--------------|
| 1. Entity ID Number<br>001660441                                                                                                                                                                            |       | 2. Exact name of the Limited Liability Company<br>RHODY ROASTERS LLC                          |                        |                    |              |
| 3. NAICS Code<br>423440                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>COFFEE ROASTER |                        |                    |              |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                       |       |                                                                                               |                        |                    |              |
| 6. Principal Office Address<br>388 CHURCH STREET                                                                                                                                                            |       |                                                                                               | City<br>WOODRIVER JCT. | State<br>RI        | Zip<br>02894 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                               |                        |                    |              |
| Contact Name KENETH MAROT                                                                                                                                                                                   |       |                                                                                               | Contact Title MEMBER   |                    |              |
| Street Address 388 CHURCH STREET                                                                                                                                                                            |       |                                                                                               | City WOODRIVER JCT.    | State RI           | Zip 02894    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                               |                        |                    |              |
| Manager Name                                                                                                                                                                                                |       |                                                                                               | Manager Name           |                    |              |
| Street Address                                                                                                                                                                                              |       |                                                                                               | Street Address         |                    |              |
| City                                                                                                                                                                                                        | State | Zip                                                                                           | City                   | State              | Zip          |
| Manager Name                                                                                                                                                                                                |       |                                                                                               | Manager Name           |                    |              |
| Street Address                                                                                                                                                                                              |       |                                                                                               | Street Address         |                    |              |
| City                                                                                                                                                                                                        | State | Zip                                                                                           | City                   | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                               |                        |                    |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |       |                                                                                               |                        |                    |              |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |       |                                                                                               |                        |                    |              |
| Name of Authorized Person<br>KENETH MAROT                                                                                                                                                                   |       |                                                                                               |                        | Date<br>08/24/2020 |              |
| Signature of Authorized Person<br><u>[Signature]</u>                                                                                                                                                        |       |                                                                                               |                        |                    |              |

## MAIL TO:

Division of Business Services

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