



State of Rhode Island

## Department of State - Business Services Division

FILED

SEP 25 2020

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.

BY

17209  
DS

1. Entity ID Number <u>99969</u>		2. Exact name of the Limited Liability Company <u>Peaches Fruit + Produce, LLC</u>	
3. NAICS Code <u>445230</u>		4. Brief description of the character of business conducted in Rhode Island <u>Retail Store</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>47 Charlestown Beach Road</u>		City <u>Charlestown</u>	State <u>RI</u> Zip <u>02813</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Patricia Downonk</u>		Contact Title <u>member</u>	
Street Address <u>47 Charlestown Beach Road</u>		City <u>Charlestown</u>	State <u>RI</u> Zip <u>02813</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Brian Downonk</u>		Manager Name	
Street Address <u>47 Charlestown Beach Road</u>		Street Address	
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	
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.			
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.			
Name of Authorized Person <u>Patricia Downonk, member</u>		Date <u>9/22/20</u>	
Signature of Authorized Person <u>Patricia Downonk</u>			

## MAIL TO:

Division of Business Services

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