	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet)4-2615	
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00093414</u>	<u>l</u>		
2. Exact Name of the Limited Liability Company Cool Licks, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	y the entity. Download
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
-		-	
ICE CREAM SALES			
5. Principal Office Addre	SS		
	<u>3 SMITH STREET</u> <u>RTH PROVIDENCE</u> State	:: <u>RI</u> Zip: <u>02911</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact F	Person:
Contact Name: Contact No. and Street: 1808	Title: SMITH STREET		
	TH PROVIDENCE State	: <u>RI</u> Zip: <u>02911</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		lress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

FRANK C. MESSINA 535 ATWOOD AVENUE, UNIT 1 CRANSTON, RI 02920

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of October, 2020 at 12:04:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>WILLIAM L GOLATO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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