	State of Rhode Office of the Secreta		Fee: \$50.0
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
_imited Liability Com Annual Report	pany		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000508832</u>	2		
2. Exact Name of the Lin	mited Liability Company <u>BREWE</u>	D AWAKENINGS COF	FEEHOUSE
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary e information on <u>NAICS</u> can be found		entity. Download
722513			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in	Rhode Island
SALES OF COFFEE, COTHER	OFFEE RELATED PRODUCTS,	OTHER BEVERAGES, I	FOOD AND
RELATED PRODUCTS	AT RETAIL.		
5. Principal Office Addre	SS		
No. and Street: 1577	ATWOOD AVENUE		
City or Town: JOH	<u>NSTON</u> Sta	te: $\underline{RI}$ Zip: $\underline{02919}$ C	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Perso	on:
Contact Name: NATALIE	ELEVESQUE Contact Title:		
No. and Street: 9 T	HAYER AVE		
City or Town: <u>NAI</u>	RRAGANSETT State: <u>RI</u>	Zip: <u>02882</u> Cou	untry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Liab RS	ility Company, if Applica	ble.
Title	Individual Name	Address	
	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

NATALIE LEVESQUE 9 THAYER AVENUE NARRAGANSETT, RI 02882

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

**Signed this 16 Day of October, 2020 at 2:44:45 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>NATALIE LEVESQUE</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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