



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001704631

**2. Exact Name of the Limited Liability Company** Copper Nail Distillery llc

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

312140

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

CURRENTLY IN PRELIMINARY PROCESS OF ESTABLISHING A DISTILLERY IN RI. MORE PERMITS REQUIRED AT THE TIME OF THIS FILING.

**5. Principal Office Address**

No. and Street: 42 ROCCO DRIVE

City or Town: BLACKSTONE State: MA Zip: 01504 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JEROME GODIN Contact Title: OWNER / MANAGER

No. and Street: 42 ROCCO DRIVE

City or Town: BLACKSTONE State: MA Zip: 01504 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|--|--|
| MANAGER | JEROME PAUL GODIN MR                           | 42 ROCCO DRIVE<br>BLACKSTONE, MA 01504 US                  |

MANAGER

JEROME PAUL GODIN

42 ROCCO DRIVE  
BLACKSTONE, MA 01504

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JORDAN B. OWENS 2635 WALLUM LAKE ROAD PASCOAG , RI 02859

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

**Signed this 21 Day of October, 2020 at 9:21:25 AM 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 JEROME GODIN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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