

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. 000909168

2. Exact Name of the Limited Liability Company SHORESIDE ORGANICS, 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.

325311

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

MANUFACTURE AND SELL ORGANIC FERTILIZER

5. Principal Office Address

No. and Street: 100 DAVISVILLE PIER ROAD

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

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

Contact Name: Contact Title:

No. and Street: 149 EDGEWOOD FARM ROAD

City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

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

| Title | Individual Name | Address |
|---------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | GLENN GOODWIN | 149 EDGEWOOD FARM ROAD WAKEFIELD, RI 02879 USA |
| MANAGER | PETER BARBERA | 164 EDGEWOOD FARM ROAD |

| | | WAKEFIELD, RI 02879 USA |
|---------|--------------|---|
| MANAGER | KYLE GOODWIN | 10 NARRAGANSETT AVENUE NEWPORT, RI 02840 USA |

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

STEPHEN B. KENYON 133 OLD TOWER HILL ROAD, SUITE 1 WAKEFIELD, RI 02879

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 9:48:25 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 GLENN GOODWIN

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved