



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2018

## 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.

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|  |       |   |                               |                   |              |
|--|-------|---|-------------------------------|-------------------|--------------|
| 1. Entity ID Number<br>001661398   |       | 2. Exact name of the Limited Liability Company<br>32 Below LLC                                |                               |                   |              |
| 3. NAICS Code<br>722515  |       | 4. Brief description of the character of business conducted in Rhode Island<br>Ice Cream Shop |                               |                   |              |
| 5. State of Formation<br>RI  |       |   |                               |                   |              |
| 6. Principal Office Address<br>323 Atlantic Ave  |       | City<br>Westerly  |                               | State<br>RI       | Zip<br>02891 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |                               |                   |              |
| Contact Name Amy Martira   |       |   | Contact Title Managing Member |                   |              |
| Street Address 323 Atlantic Ave  |       | City Westerly   |                               | State RI          | Zip 02891    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |   |                               |                   |              |
| Manager Name   |       | Manager Name  |                               |                   |              |
| Street Address   |       | Street Address  |                               |                   |              |
| City   | State | Zip   | City                          | State             | Zip          |
| 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<br>Amy Martira   |       |   |                               | Date<br>10/9/2020 |              |
| Signature of Authorized Person<br>   |       |   |                               |                   |              |

## MAIL TO:

Division of Business Services

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