RI SOS Filing Number: 202068937010 Date: 10/22/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 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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Entity ID Number	2. Exact name of the Limited Liability Company						
141682	Little Allen Harbor Oyster Company, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
311710	Oyster Farm.						
5. State of Formation	1						
RI							
6. Principal Office Address			City	State	Zip		
122 Touro Street			Newport	RI	02840		
7. Mailing Address of Limited Li	ability Company a	and Name or Title	of Contact Person	•	<u> </u>		
Contact Name Turner C. Scott			Contact Title Registered Agent				
Street Address 122 Touro Street			City Newport	State RI	^{Zip} 02840		
8. List ALL managers (names a	ind addresses) of	the Limited Liab	ility Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS		
Manager Name DeSalvo			Manager Name				
Street Address Seaside DRIVE			Street Address				
City	State T	02835	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. The Resident Agent informat				·			
Under penalty of perjury, I de statements, and that all state	clare and affirm ments contained	that I have exan I herein are true	nined this report, include and correct.	ling any accompanyin	ng schedules and		
Name of Authorized Person					Date		
Richard DeSalvo				10/07/2020			
Signature of Authorized Person	Waln	~ō					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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