	State of Rhode I Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Co Annual Report Filing Period: September			
	L. 7-16-66(d), each limited liability comp thin thirty (30) days after the time prescr a penalty fee of \$25.00.		
ANNUAL REPORT YEAR	R: <u>2020</u>		
1. ID No. 0010420	<u>46</u>		
2. Exact Name of the l	Limited Liability Company PBUTTR	RI LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	S Code that best describes the primary hore information on <u>NAICS</u> can be found		by the entity. Download
<u>311911</u>			
4. Brief Description of		is Actually Conduc	ted in Rhode Island
	the Character of the Business Which		
MANUFACTURING	The Character of the Business Which <u>PRODUCTION PACKAGING ANI</u> <u>OND SPREAD PRODUCTS</u>	D SHIPPING OR D	
MANUFACTURING	PRODUCTION PACKAGING ANI OND SPREAD PRODUCTS	O SHIPPING OR D	
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MANUFACTURING PEANUT AND ALMO 5. Principal Office Add No. and Street: 16 UI City or Town: PA 6. Mailing Address of L Contact Name: HENR	PRODUCTION PACKAGING ANI OND SPREAD PRODUCTS ress 0 SMITHFIELD AVE NIT C AWTUCKET Limited Liability Company and Name Y CAPASSO Contact Title:	<u>RI</u> Zip: <u>02860</u>	<u>ELIVERY OF</u> Country: <u>USA</u>
MANUFACTURING PEANUT AND ALMO 5. Principal Office Adde No. and Street: 16 UN City or Town: PA 6. Mailing Address of L Contact Name: HENR No. and Street: 4	PRODUCTION PACKAGING ANI OND SPREAD PRODUCTS ress 0 SMITHFIELD AVE NIT C AWTUCKET State: Limited Liability Company and Name	<u>RI</u> Zip: <u>02860</u>	<u>ELIVERY OF</u> Country: <u>USA</u>
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MANUFACTURING PEANUT AND ALMO 5. Principal Office Adde No. and Street: 16 UN City or Town: PA 6. Mailing Address of L No. and Street: 4 Contact Name: HENR No. and Street: 4 City or Town: L	PRODUCTION PACKAGING ANI OND SPREAD PRODUCTS ress 0 SMITHFIELD AVE NIT C AWTUCKET State: Limited Liability Company and Name Y CAPASSO Contact Title: VIEW STREET INCOLN State: RI of Each Manager of the Limited Liab	<u>RI</u> Zip: <u>02860</u> or Title of Contact Zip: <u>02865</u> ility Company, if Appendix 1	ELIVERY OF Country: <u>USA</u> Person: Country: <u>USA</u>

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

HENREY R CAPASSO <u>4 VIEW STREET</u> LINCOLN , <u>RI</u> 02865

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

Signed this 27 Day of October, 2020 at 2:21:41 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 HENRY CAPASSO

Signature of Authorized Person

Form No. 632 Revised 09/07

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