	State of R Office of the S	hode Island ecretary of S	itate	Fee: \$50.0
	Division Of B	Business Service	S	
		River Street		
		RI 02904-2615		
HOPE	(401) 2	222-3040		
Limited Liabil Annual Repo Filing Period: Sep				
to file its annual r	th R.I.G.L. 7-16-66(d), each limited liabil eport within thirty (30) days after the tim bject to a penalty fee of \$25.00.			
ANNUAL REPO	RT YEAR: <u>2020</u>			
1. ID No. <u>0</u>	00765666			
2. Exact Name	of the Limited Liability Company \underline{B}	OLT COFFEE	COMPANY	<u>LLC</u>
3. State of For	mation			
State: <u>RI</u>				
	ARTIC			
Enter the six dig	ARTIC it NAICS Code that best describes the p <u>here.</u> More information on <u>NAICS</u> can b	orimary business	s conducted by t	the entity. Download
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Title

Individual Name First, Middle, Last, Suffix Address

Address, City or Town, State, Zip Code, Country

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

TODD MACKEY 96 CALVERLY STREET PROVIDENCE, RI 02908

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 4:15:42 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 BRYAN GIBB

Signature of Authorized Person

Form No. 632 Revised 09/07

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