	State of Rhode Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
(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. <u>000149629</u>			
2. Exact Name of the Limited Liability Company <u>LINCOLN PACKING LLC</u>			
3. State of Formation			
State: <u>RI</u>			
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 <u>NAICS</u> can be found online.			
211000			
<u>311999</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
SPECIALTY MEAT MFG AND DISTRIBUTION			
5. Principal Office Address			
5. Thicipal Office Address			
No. and Street:7 INDUSTRIAL ROADCity or Town:CRANSTONState: RIZip: 02920Country: USA			
City or Town: <u>CR</u> A	ANSTON State	<u>RI</u> Zip: <u>02920</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: GIOVANNI A. COLAGIOVANNI Contact Title:			
No. and Street: <u>7 INDUSTRIAL ROAD</u> City or Town: CRANSTON State: RL Zip: 02920 Country: USA			
City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02920</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		ress
MANAOED	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
MANAGER GIOVANNI A. COLAGIOVANNI 7 INDUSTRIAL ROAD CRANSTON, RI 02920 USA			

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

JOHN F. CORRIGAN 155 SOUTH MAIN STREET, SUITE 405 PROVIDENCE, RI 02903

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

**Signed this 30 Day of October, 2020 at 2:14:43 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 JOHN F. CORRIGAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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