RI SOS Filing Number: 202072421080 Date: 11/2/2020 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.

HILED	S. T. Aggs
NOV 0 2 2020	2

				.,,		
Entity ID Number	2. Exact name of the Limited Liability Company					
001662370	Annie's Newport, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
722515	Breakfast and lunch cafe					
5. State of Formation]					
RI						
Principal Office Address			City	State	Zip	
174 Bellevue Avenue Suite 300			Newport	RI	02840	
7. Mailing Address of Limited Lia	ability Compan	and Name or Titl		•	· · ·	
Contact Name Nancy White			Contact Title President			
Street Address 174 Bellevue Av	174 Bellevue Avenue		City Newport	State RI	^{Zip} 02840	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Hilary Grunberg			Manager Name			
Street Address 174 Bellevue Avenue		Street Address				
^{City} Newport	State RI	^{Zıp} 02840	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	dicate an attachment	
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 Signature of Authorized Person White NANCYE. INHITE Date 10/27/20						
Signature of Authorized Person White						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov