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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.

	FILED
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1. Entity ID Number	2. Exact name of the Limited Liability Company						
1700793	Sherman's Give-A-Hoot, LLC						
NAICS Code 4. Brief description of the character of business conducted in Rhode Island							
To engage in the business of the first the business of the first the business of the business			farming of plants, food, hay, and animals for consumption and sale.				
5. State of Formation	1						
RI							
6. Principal Office Address			City	State	Zip		
289 Buxton Street			North Smithfield	RI	02896		
7. Mailing Address of Limited Lia	ability Compa	ny and Name or		· · · · · · · · · · · · · · · · · · ·			
Contact Name Karen Sherman			Contact Title Member				
Street Address 289 Buxton Street	<u>-</u>		City North Smithfield	State RI	^{Zip} 02896		
8. List ALL managers (names a	nd addresses	s) of the Limited L	lability Company, IF APPLICABLI	E - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Ζιρ	City	State	Zıp		
Manager Name	•		Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
Check the box to indicate 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 de statements, and that all states	clare and aff ments contai	īrm that I have e ined herein are t	xamined this report, including a rue and correct.	any accompanyin	ng schedules and		
Name of Authorized Person Date							
Karen Sherman 1192mo							
Signature of Authorized Person							

MAIL TO:

Division of Business Services

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

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