



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2020

2020 NOV 16 A 9:30

2020 NOV 12 P 12:36

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.

| | | | | | |
|--|-------|---|----------------|-----------------|--------------|
| 1. Entity ID Number 156749 | | 2. Exact name of the Limited Liability Company MC's LEMONADE, LLC | | | |
| 3. NAICS Code 722515 | | 4. Brief description of the character of business conducted in Rhode Island Sales and Retail | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 65 Child Street | | City Warren | | State RI | Zip 02885 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Marsha Matteson | | Contact Title Owner | | | |
| Street Address 42 Lockwood | | City Warwick | | State RI | Zip 02893 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 Marsha Matteson <i>Marsha Matteson</i> | | | | Date 11-2-20 | |
| Signature of Authorized Person <i>Marsha Matteson</i> | | | | | |

Check the box to indicate an attachment ☐

FILED

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

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