



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

OCT 08 2021

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Annual Report for the year: 2021  
 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 <b>573612</b>	2. Exact name of the Limited Liability Company <b>Pink + Green LLC</b>		
3. NAICS Code <b>722515</b>	4. Brief description of the character of business conducted in Rhode Island <b>Franchise Pinkberry Stores</b>		
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <del>904 Narragansett Parkway</del> <b>175 LEXINGTON AVE</b>	City <del>WARRICK</del> <b>CRANSTON</b>	State <b>RI</b>	Zip <del>02888</del> <b>02910</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Brian Galvin</b>		Contact Title <b>Manager</b>	
Street Address <del>904 Narragansett Parkway</del> <b>175 LEXINGTON AVE</b>	City <del>WARRICK</del> <b>CRANSTON</b>	State <b>RI</b>	Zip <del>02888</del> <b>02910</b>
8 List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Brian Galvin</b>		Manager Name	
Street Address <del>904 Narragansett Parkway</del> <b>175 LEXINGTON AVE</b>		Street Address	
City <del>WARRICK</del> <b>CRANSTON</b>	State <b>RI</b>	Zip <del>02888</del> <b>02910</b>	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
<b>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.</b>			
Name of Authorized Person <b>Scott A Green</b>		Date <b>OCT. 4, 2021</b>	
Signature of Authorized Person 			

**MAIL TO:**  
 Division of Business Services  
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 Website: www.sos.ri.gov