	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
In accordance with R.I.G.L.	7-16-66(d), each limited liability comp in thirty (30) days after the time presc		-
ANNUAL REPORT YEAR:	<u>2021</u>		
1. ID No. <u>001667040</u>	<u>)</u>		
2. Exact Name of the Limited Liability Company <u>AUNT TATTY LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	the entity. Download
<u>311941</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducte	ed in Rhode Island
<u>AUNT TATTY IS A PR</u> RETAIL	EMIUM DESSERT SAUCE BUS	INESS SELLING AT	WHOLESALE &
	, SPECIALTY FOOD RETAILER	S AND BY SPECIA	L ORDER).
5. Principal Office Addre	SS		
	INCOLN AVENUE		
City or Town: <u>PRO</u>	<u>VIDENCE</u> State	: <u>RI</u> Zip: <u>02906</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact P	erson:
	<u>NB. SPADONE</u> Contact Title: <u>OWN</u> NCOLN AVENUE	IER	
	VIDENCE State:	<u>RI</u> Zip: <u>02906</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	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country

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

ALLISON B SPADONE 76 LINCOLN AVENUE PROVIDENCE, RI 02906

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 November, 2021 at 10:34:30 AM 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 ALLISON B SPADONE

Signature of Authorized Person

Form No. 632 Revised 09/07

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