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→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

State of Rhode Island Department of State - Business Services Division	
Annual Report for the year: Limited Liability Company	RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00	7073 OCT 19 A 9: 15

1. Entity ID Number	2. Exact name of the Limited Lial	bility Company	11-4-11	2110
1. Entity ID Number 2. Exact name of the Limited Liability Company CN STAL Waters Nottobs LLC				
3. NAICS Code	3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island			
326191	191 Not tobs			
5. State of Formation	7101 1003			
I KI				
6. Principal Office Address		City	State	Zip
487 Jeffe	rsin Bld	Warnick	KT	09826
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name CVAROL BENOIT Contact Title OWNER				
Street Address 487 Tef	Eerson Blud	CIN DAW CK	State	Zip 028 82
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642				
9. 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	0		Date	
CARO	L Benoi			
Signature of Authorized Person				

OCT 19 2023 BY 76 N16

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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