State of Rhode Island Fee: \$50.00 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
1636 (401) 222-3040
Limited Liability Company
Annual Report
Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or
refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>
1. ID No. 001738176
2. Exact Name of the Limited Liability Company Groundswell The Proof Room, LLC
3. State of Formation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity.
Download the list of codes here. More information on NAICS can be found online.
722511
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode
Island
RESTAURANT/BAR/BAKERY
5. Principal Office Address
No. and Street: POB 87
City or Town: <u>CARVERSVILLE</u> State: <u>PA</u> Zip: <u>18913</u> Country: <u>USA</u>
Concentration States States States 111 210. 10715 Country, USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: JOHN MCDOWELL Contact Title:
No. and Street: POB 87 O'' A DAVERSY (II LE State: DA 7: 18012 Country LISA
City or Town: <u>CARVERSVILLE</u> State: <u>PA</u> Zip: <u>18913</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of January, 2024 at 9:29:51 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 JOHN MCDOWELL

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved