

## State of Rhode Island Department of State - Business Services Division

FILED

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Annual Report for the year: 2024

**Limited Liability Company** → Filing period: February 1 - May 1 → Filing Fee: \$50.00

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

	2. Exact name of the Limited Liability Company  Grape Adventures, LLC			
3. NAICS Code <b>812990</b>	4. Brief description of the character of business conducted in Rhode Island beer, wine, liquor			
5. State of Formation				
6. Principal Office Address 1000 Division Street		City East Greenwich	State RI	Zip 02818
7. Mailing Address of Limite	ed Liability Company and Name	e or Title of Contact Person		<u> </u>
Contact Name Nicole Eacuello		Contact Title  Manager		
Street Address 1000 Division Street		City East Greenwich	State RI	Zip 02818
3. The Resident Agent infor	mation currently of record with	the RI Department of State is accu	rate. Changes requ	ire filing Form 642.
	I declare and affirm that I ha tatements contained herein i	ve examined this report, including are true and correct.	g any accompany	ing schedules and
Name of Authorized Person Nicole Eacuello Signature of Authorized Per	1		Date	zyry
Signature of Authorized Fer				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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