

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

2024

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Annual Report for the year: **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.

| 1. Entity ID Number | 2. Exact name of the Limite | 2. Exact name of the Limited Liability Company | | | | | |
|--|---|--|-----------------|----------------------|--|--|--|
| 001678045 | RI BEVERAGE F | RI BEVERAGE PACKERS LLC | | | | | |
| 3. NAICS Code 312000 | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 5. State of Formation | TO FILL AND PR | TO FILL AND PROCESS BEVERAGES | | | | | |
| 6. Principal Office Address 565 N MAIN ST | | City WOONSOCKET | State RI | Zip 02895 | | | |
| | ed Liability Company and Name or | Title of Contact Person | | | | | |
| Contact Name PAUL SIMOES | | Contact Title MEMBER | | | | | |
| Street Address 565 N MAIN ST | | City WOONSOCKET | State RI | ^{Zip} 02895 | | | |
| 8. The Resident Agent info | mation currently of record with the | e RI Department of State is accurate. | Changes require | filing Form 642. | | | |
| 9. Under penalty of perju- statements, and that all s | ry, I declare and affirm that I hav tatements contained herein are | re examined this report, including a true and correct. | ny accompany | ing schedules and | | | |
| Name of Authorized Person JOHN M. CONSTANTINO | | | Date 3/1/24 | | | | |
| Signature of Authorized Pe | rson | | | | | | |

MAIL TO:

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

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