

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

Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1
→ Filing Fee: \$50.00

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

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1. Entity ID Number	2. Exact name of the Limited Li	2. Exact name of the Limited Liability Company			
001661806	CowsTail Deli & Cre	CowsTail Deli & Creamary, LLC			
3. NAICS Code	4. Brief description of the chara	4. Brief description of the character of business conducted in Rhode Island			
722513 ·	Operatin of a delicates:	Operatin of a delicatessen			
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
16 High Street		Pascaog	RI	02859	
7. Mailing Address of Limite	d Liability Company and Name or Titl	e of Contact Person			
Contact Name Christy Karmozyn		Contact Title President			
Street Address 16 High Street		City Pascoag	State	^{Zip} 02859	
8. The Resident Agent infor	mation currently of record with the RI	Department of State is accu	ırale. Changes requin	e filing Form 642.	
	y, I declare and affirm that I have eleatements contained herein are true		ding any accompany	ring schedules and	
Name of Authorized Person	. 7		Date	1	
Christy Karmosyw			6/11	124	
Signature of Authorized Per		1			
	7		 		

MAIL TO:

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

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