→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

State of Rhode Island and Providence Plantations  Department of State - Business Services Division	<del> </del>
Annual Report for the year: 2017 Limited Liability Company	
→ Filing period: September 1 - November 1	

Entity ID Number	2 Exact n	2 Exact name of the Limited Liability Company					
274476	COPURE,	COPURE, LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
311 225	make coc	make coconut oil					
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
18 Grafton St			Newport	RI	02840		
7. Mailing Address of Limite		any and Name o					
Contact Name Deborah White			Contact Title Member	Contact Title Member			
Street Address 18 Grafton St			City Newport	State RI	<sup>Zıp</sup> 02840		
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Nam∽			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City .	State	Zir	City	State	Zıp		
Manager Name			Manager Name				
Street Address		Street Address					
City	State	Zip	City	State	Zip		
		<u> </u>		Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This inform	mation is currently	of record with the Department of S	itate. Changes require fili	ng Form 642.		
Under penalty of perjury, statements, and that all st			examined this report, include true and correct.	ing any accompanyir	g schedules and		
Name of Authorized Person				Date	Date		
Deborah White, Member				09/11/2	09/11/2017		

. . .

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 5 2017