STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: $50.00

1. ID No. 139869	*2. Exact name of the limited liability company* The Stop & Shop Supermarket Company LLC
3. State of Formation Delaware	*4. Brief description of the character of the business which is actually conducted in Rhode Island* Supermarket Company

5. Principal office address	*City*	*State*	*Zip*
1385 Hancock Street	Quincy	MA	02169-5103

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Lisa Szalaji	Director of Business Law

Street Address	*City*	*State*	*Zip*
1385 Hancock Street	Quincy	MA	02169-5103

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
José B. Alvarez	1385 Hancock Street	Quincy	MA	02169-5103
James K. Rojas	1385 Hancock Street	Quincy	MA	02169-5103
Thomas A. Hippler	1385 Hancock Street	Quincy	MA	02169-5103

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	*City*	*Zip*
Corporation Service Company	222 Jefferson Boulevard, Suite 200	Warwick	02888

2007 SEP 14 PM 12:00

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

139869

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct

Signature of Authorized Person — *Date* 9/6/07

Steven F. Rowell, Assistant Secretary

Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. SEP 14 2007
By: By 136870
FOR SECRETARY OF STATE USE ONLY

12:00

Form 632 Rev 12/05

13610-19-181585