RI SOS Filing Number: 200701024930 Date: 09/17/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
150162	Randall & Associates, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO DISTRIBUTE CORPORATE FOOD, GIFTS, AND RELATED ITEMS BY MAIL THROUGH THE INTERNET AND DIRECTLY TO BOTH WHOLE SALE AND RETAIL CUSTOMERS AND FOR ALL OTHER LEGAL PURPOSES

5. Principal office address	City	State	Zip
166 Valley Street, #6M308	Providence	RI	02909

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

Contact Name	Contact Title
Randall Hozid	Manager

Street Address	City	State	Zip
166 Valley Street, #6M308	Providence	RI	02909

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) ☐

Manager Name	Street Address	City	State	Zip
Randall Hozid	166 Valley Street, #6M308	Providence	RI	02909
Cheryl Hozid	2 King Phillip Avenue	Barrington	RI	02806

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
MARVIN HOMONOFF, ESQ.			
	369 SOUTH MAIN STREET	PROVIDENCE	02903-

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

[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.

Randall L. Hozid 9/10/07
Signature of Authorized Person *Date*

[redacted]

RANDALL C. HOZID
Print or Type Name of Authorized Person

File Date FILED
Check No. SEP 17 2007
By: By 8805 mnc
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07