



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. 150162		2. Exact name of the limited liability company Randall & Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in 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 166 Valley Street, #6M308		City Providence	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Randall Hozid			Contact Title Manager		
Street Address 166 Valley Street, #6M308		City Providence	State RI	Zip 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 Randall Hozid			Manager Name Cheryl Hozid		
Street Address 166 Valley Street, #6M308		Street Address 2 King Phillip Avenue			
City Providence	State RI	Zip 02909	City Barrington	State RI	Zip 02806
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name MARVIN HOMONOFF, ESQ.			Address		
Address 369 SOUTH MAIN STREET		City PROVIDENCE		Zip 02903-	

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

FILED

File Date **SEP 17 2007**

Check No. **By 8805 mnc**

By: **8805 mnc**

FOR SECRETARY OF STATE USE ONLY

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

RANDALL L. HOZID
Print or Type Name of Authorized Person