



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. 152600		2. Exact name of the limited liability company RHM FOODS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Create, produce, market - gourmet salad dressing</i>			
5. Principal office address <i>365 Sea Meadow Dr</i>		City <i>Portsmouth</i>	State <i>RI</i>	Zip <i>02871</i>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <i>Renee Harrington</i>			Contact Title <i>Owner</i>		
Street Address <i>365 Sea Meadow Dr.</i>		City <i>Portsmouth</i>	State <i>RI</i>	Zip <i>02871</i>	
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 <i>N/A</i>			Manager Name <i>N/A</i>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 RENEE M. HARRINGTON			Address		
Address 55 FARMLANDS DRIVE			City PORTSMOUTH	Zip 02871-	

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

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.

Renee M. Harrington *9/10/07*
Signature of Authorized Person Date
Renee M. Harrington
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 17 2007
By:	<i>By 3-59</i>
FOR SECRETARY OF STATE USE ONLY	