RI SOS Filing Number: 200703277550 Date: 10/29/2007 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 |
|---|---|
| 149382 | J.O.D. Food Services Acquisition Co., LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| Rhode Island | Food Distribution and Wholesale |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 171 St. Augustine Street | Woonsocket | RI | 02895 |

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

| Contact Name | Contact Title |
|---|---|
| James O. Demers III | Manager |

| Street Address | City | State | Zip |
|---|---|---|---|
| 171 St. Augustine Street | Woonsocket | RI | 02895 |

**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 |
|---|---|---|---|---|
| James O. Demers III | 171 St. Augustine Street | Woonsocket | RI | 02895 |
| | | | | |
| | | | | |

| Manager Name | Street Address | 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 | Address | City | Zip |
|---|---|---|---|
| Vincent A. Indeglia, Esq. | 1485 South County Trail | East Greenwich | 02818 |

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

[redacted] 149382 [redacted]

| | |
|---|---|
| File Date | FILED |
| Check No. | OCT 29 2007 |
| By: | By |

FOR SECRETARY OF STATE USE ONLY

16181-29-199794

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.

[redacted] 10/25/07

*Signature of Authorized Person* *Date*

[redacted] James O. Demers III

*Print or Type Name of Authorized Person*

Form 632 Rev. 07/07