



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** 2010

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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)(7) is subject to a penalty fee of \$25.00.*

1. ID No. 507417	2. Exact name of the limited liability company Keefe Commissary Network, L.L.C.
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3. State of Formation Missouri	4. Brief description of the character of the business which is actually conducted in Rhode Island Retail sales of shelf-stable food and personal care items to the prison industry.
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5. Principal office address 1260 Andes Boulevard	City Saint Louis	State Missouri	Zip 63132
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name John Clark	Contact Title Senior Tax Accountant

Street Address 1260 Andes Boulevard	City Saint Louis	State Missouri	Zip 63132
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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 Centric Group, L.L.C.	Manager Name
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Street Address 1260 Andes Boulevard	Street Address
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City Saint Louis	State Missouri	Zip 63132	City	State	Zip
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Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

**507417**

File Date	9-7-2010
Check No.	011082
By:	<i>MNC</i>
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 statement contained herein are true and correct.

*John Clark* 9/1/10  
Signature of Authorized Person Date

John Clark  
Print or Type Name of Authorized Person