	Office of the Secre	tary of State
secretary of State	Division Of Busine 148 W. River Providence RI 02 (401) 222-3	Street 904-2615
imited Liability Com Annual Report Filing Period: September 1 -		
	7-16-66(d), each limited liability co n thirty (30) days after the time pre penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2013</u>	
1. ID No. <u>000788475</u>		
	mited Liability Company <u>INTEI</u>	RBAKE FOODS LLC
3. State of Formation		
State: <u>DE</u>		
manufacture of bakery pro		
	OD ANCE STDEET	
	<u>ORANGE STREET</u> <u>MINGTON</u> Sta	te: <u>DE</u> Zip: <u>19801</u> Country: <u>USA</u>
City or Town: WIL!   6. Mailing Address of Lin   Contact Name: Contact T   No. and Street: 3951 M   City or Town: RICHM	MINGTON Sta nited Liability Company and Nar Title: VESTERRE PARKWAY IOND	me or Title of Contact Person: State: <u>VA</u> Zip: <u>23233</u> Country: <u>USA</u>
City or Town: WIL!   6. Mailing Address of Lin   Contact Name: Contact T   No. and Street: 3951 M   City or Town: RICHM	MINGTON Sta nited Liability Company and Nar Title: VESTERRE PARKWAY IOND Each Manager of the Limited Li	me or Title of Contact Person: State: <u>VA</u> Zip: <u>23233</u> Country: <u>USA</u>
City or Town: WILL   6. Mailing Address of Lin   6. Mailing Address of Lin   Contact Name: Contact T   No. and Street: 3951 M   City or Town: RICHM   7. Name and Address of	MINGTON Sta nited Liability Company and Nar Title: VESTERRE PARKWAY IOND Each Manager of the Limited Li RS Individual Name	me or Title of Contact Person: State: <u>VA</u> Zip: <u>23233</u> Country: <u>USA</u> ability Company, if Applicable. Address
City or Town: WILL   6. Mailing Address of Lin   6. Mailing Address of Lin   Contact Name: Contact T   No. and Street: 3951 M   City or Town: RICHM   7. Name and Address of DO NOT LIST MEMBER	MINGTON Sta nited Liability Company and Nar Title: VESTERRE PARKWAY IOND Each Manager of the Limited Li RS	me or Title of Contact Person: State: <u>VA</u> Zip: <u>23233</u> Country: <u>USA</u> ability Company, if Applicable.
City or Town: WILL 6. Mailing Address of Lin Contact Name: Contact T No. and Street: <u>3951 W</u> City or Town: <u>RICHM</u> 7. Name and Address of DO NOT LIST MEMBER Title	MINGTON Sta   nited Liability Company and Nar   Title:   VESTERRE PARKWAY   IOND   Each Manager of the Limited Liats   RS   Individual Name   First, Middle, Last, Suffix	me or Title of Contact Person: State: VA Zip: 23233 Country: USA ability Company, if Applicable. Address Address, City or Town, State, Zip Code, Country 2821 EMERYWOOD PARKWAY

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> 02914

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

**Signed this 31 Day of October, 2013 at 10:47:50 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>IVANKA CHEMIJ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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