



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 486009		2. Exact name of the limited liability company SOURCE INTERLINK DISTRIBUTION, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTOR			
5. Principal office address 27500 RIVERVIEW CENTER BLVD.		City BONITA SPRINGS		State FL	Zip 34134
Contact Name STERLING WINCHESTER		Contact Title VICE PRESIDENT			
Street Address 27500 RIVERVIEW CENTER BLVD.		City BONITA SPRINGS		State FL	Zip 34134
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
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					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

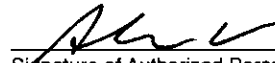
FILED

NOV 18 2013

BY 50021

File Date: _____
Check No: _____
By: _____
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.


Signature of Authorized Person
Date: **09/09/2013**
STERLING WINCHESTER
Print or Type Name of Authorized Person