

	<b>State of Rhode Island and Providence Plantations</b> <b>Office of the Secretary of State</b>  Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Fee: \$50.00   <a href="#">  LOGOUT  </a>
<b>Limited Liability Company Annual Report</b> Filing Period: September 1 - November 1		
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.		
<a href="#">?</a> Help with this form		
<b>ANNUAL REPORT YEAR:</b> <u>2013</u>		
<b>1. ID No.</b> <u>000111901</u>		
<b>2. Exact Name of the Limited Liability Company</b> <u>Baker's Express, LLC</u>		
<b>3. State of Formation</b> State: <u>MD</u>		
<b>4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island</b> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">                 DISTRIBUTION OF COMMERCIAL BAKED GOODS             </div> <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin-top: 10px;">FILED</div>		
<b>5. Principal Office Address</b>		
MAR 2 1 2014		
No. and Street: <u>200 HELEN STREET</u> <b>BY</b> <u>007224</u>		
City or Town: <u>SOUTH PLAINFIELD</u> State: <u>NJ</u> Zip: <u>07080</u> Country: <u>USA</u>		
<b>6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:</b>		
Contact Name: <u>Edward Burniller</u> Contact Title: <u>Controller</u>		
No. and Street: <u>581 Main Street, Suite 510</u>		
City or Town: <u>Woodbridge</u> State: <u>NJ</u> Zip: <u>07095</u> Country: <u>USA</u>		
<b>7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.</b>		

**DO NOT LIST MEMBERS**

First Name:  Middle Name:  Last Name:  Suffix:   
 Address:  City:  State:  Zip:  Country:

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name:   
 Business Name:   
 No. and Street:    
 City or Town:  State:  Zip:  Country:   
 Contact Phone:  ext:   
 Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 12 Day of March, 2014 at 10:56:30 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   
 Signature of Authorized Person

**FILED**  
 MAR 21 2014

BY FD 111901

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

☐ Accept ☐ Decline

[Click HERE to Submit This Information](#)