



**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

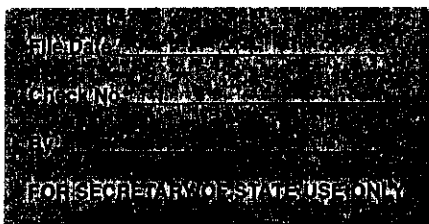
## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

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.<br><b>509151</b>                                                                                                        |                    | 2. Exact name of the limited liability company<br><b>TOPPA'S FOODSERVICE AND PAPER SUPPLY, LLC</b>                                                                                                                                           |                    |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>                                                                                             |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Wholesale &amp; retail distribution &amp; sale of food, paper supplies, cleaning products &amp; other restaurant and hotel supplies and kitchen wares.</b> |                    |                     |     |
| 5. Principal office address<br><b>PO BOX 6008</b>                                                                                        |                    | City<br><b>MIDDLETOWN</b>                                                                                                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02842</b> |     |
| 5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON                                                               |                    |                                                                                                                                                                                                                                              |                    |                     |     |
| Contact Name<br><b>STEPHEN J. TOPPA</b>                                                                                                  |                    | Contact Title<br><b>MANAGER/Member</b>                                                                                                                                                                                                       |                    |                     |     |
| Street Address<br><b>PO BOX 6008</b>                                                                                                     |                    | City<br><b>MIDDLETOWN</b>                                                                                                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02842</b> |     |
| 7. LIST ALL MANAGERS NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE) INCLUDING HOME MEMBERS (BY BOX FOR ATTACHMENT) |                    |                                                                                                                                                                                                                                              |                    |                     |     |
| Manager Name<br><b>STEPHEN J. TOPPA</b>                                                                                                  |                    | Manager Name                                                                                                                                                                                                                                 |                    |                     |     |
| Street Address<br><b>PO BOX 6088</b>                                                                                                     |                    | Street Address                                                                                                                                                                                                                               |                    |                     |     |
| City<br><b>MIDDLETOWN</b>                                                                                                                | State<br><b>RI</b> | Zip<br><b>02842</b>                                                                                                                                                                                                                          | City               | State               | Zip |
| Manager Name                                                                                                                             |                    | Manager Name                                                                                                                                                                                                                                 |                    |                     |     |
| Street Address                                                                                                                           |                    | Street Address                                                                                                                                                                                                                               |                    |                     |     |
| City                                                                                                                                     | State              | Zip                                                                                                                                                                                                                                          | City               | State               | Zip |
| 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**  
 OCT 28 2014  
 4225



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.

*Stephen J Toppa* 10/20/14  
 Signature of Authorized Person Date

**STEPHEN J. TOPPA - MANAGER/Member**  
 Print or Type Name of Authorized Person