

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

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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. 000667247	2. Exact na Phoenix	Exact name of the limited liability company Phoenix Foods LLC							
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island Broker sales to end users in a food service environment and retail coverage at store							
NI	level				J				
5. Principal office address 10 Susan Drive			City Cumberland	State RI	Zip 02864				
	LIMITED L'ABILI	TYCOMPANY AND	NAME OF THE OF CONTACT P	ERSON:					
Contact Name Stephen Cote			Contact Title						
Street Address 10 Susan Drive			City Cumberland	State Ri	Zip 02864				
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Manager Name			Manager Name						
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT IN RI	HODE ISLAND		Valenta Salata Pro						
			retary of State. Changes require fi		53				

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BY Ca 238441

File Date					
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ву:					
FOR SEC	CRETA	RY O	F STAT	E USE	ONLY

Form No. 632 Revised: 01/2012 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

Stephen Cote

Print or Type Name of Authorized Person