



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 **2015**

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. 000917405 | | 2. Exact name of the limited liability company Atlantic Provision & Supply Company, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Supplies Wholesale products to clients. | | | |
| 5. Principal office address 71 Dexter Street | | City Pawtucket | State RI | Zip 02860 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Danielle C. Faella | | Contact Title Member | | | |
| Street Address 71 Dexter Street | | City Pawtucket | State RI | Zip 02860 | |
| 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

OCT 01 2015

BY 5444

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.

Danielle C. Faella

Signature of Authorized Person

Date

DANIELLE C. FAELLA

Print or Type Name of Authorized Person