

## 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 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.	2. Exact na	me of the limited liak	ollity company		** • -	
138225	THEE F	OOD SERVICES	S CONSULTANTS,LLC			
3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in Rhode Is	sland		
RHODE ISLAND	FOOD S	FOOD SERVICE AND CONSULTING				
5. Principal office address 220 Sanctuary Road			City East Greenwich	State RI	Zip 02818	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	RSON:	<del></del>	
Contact Name THOMAS L. WRIGHT			Contact Title MEMBER	Contact Title		
Street Address 220 Sanctuary Road			City East Greenwich	State RI	Zip 02818	
		DECOPOL OF THE	1 MATTER 1 1 A DM 1227 A A A A A A A A A A	DOLICABLE DA	NOT LIST MEMBERS	
7. LIST <u>ALL</u> MANAGERS ( ("X" BOX FOR ATTACHI	MENT) [] WENT) []	DHESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	rplicable - <u>DV</u>	MAT TIST BERSEVS	
("X" BOX FOR ATTACH	MENT) [	DHESSES) OF THE	Manager Name	PPLICABLE - <u>DV</u>	HVI MSI HEMBERS	
("X" BOX FOR ATTACHI Manager Name	MENT)	DRESSES) OF THE		PPERCABLE - <u>PA</u>	NVI MORDENA	
("X" BOX FOR ATTACHI Manager Name	MENT)	Zip	Manager Name	State	Zip	
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Manager Name  Street Address  City  Manager Name  Street Address	State State	Zip	Manager Name  Street Address  City  Manager Name  Street Address	State	Ζιφ	

**FILED** 

OCT 15 2015

BY 2730

	Under penalty of perjury, I seclare and affirm that I have examined
File Date	this report, including any accompanying actionales and statements,
	and this all statements contained herein are true and correct.
Check No	Manual 19 8/39/304
By:	Signature of Authorized Person // Date
FOR SECRETARY OF STATE USE ONLY	Thomas L. WRIST
OH CECHENITI OF CIALE OCC CHE	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012