



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. 000984995		2. Exact name of the limited liability company TFSC, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island <i>Food Service Management Company</i>			
5. Principal office address 220 Sanctuary Drive		City East Greenwich		State RI	Zip 02818
6. NAMES AND ADDRESSES OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Thomas L. Wright		Contact Title Member			
Street Address 220 Sanctuary Drive		City East Greenwich		State RI	Zip 02818
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 N/A		Manager Name			
Street Address		Street Address			
City		State	Zip	City	State
City		State	Zip	City	State
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	State
City		State	Zip	City	State
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 *rw*

JAN 21 2016

BY 2723

File Date _____

Check No _____

By: _____ **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.

Thomas L. Wright

11/06/2015

Signature of Authorized Person

Date

Thomas L. Wright

Print or Type Name of Authorized Person