	State of Rhode Island and Providence Plant Office of the Secretary of State	tations Fee: \$50.0
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615 (401) 222-3040	
HOPE	(401) 222-3040	
Limited Liability Co	ompany	
Annual Report Filing Period: September	1 - November 1	
	.L. 7-16-66(d), each limited liability company failing or refu ithin thirty (30) days after the time prescribed by law (R.I.G	<u> </u>
16-66(b&c)) is subject to		
ANNUAL REPORT YEA	<b>R</b> : <u>2016</u>	
1. ID No. <u>0001470</u>	<u>)71</u>	
2. Exact Name of the	Limited Liability Company PMI Nutrition, LLC	
3. State of Formation		
State: <u>DE</u>		
Using the following NAI	<b>ARTICLE III</b> CS codes, please select the code that best describes you	r business.
Using the following NAI		r business.
NAICS Code	CS codes, please select the code that best describes you	<u>6</u> <u>42</u>
NAICS Code		<u>6</u> <u>42</u>
NAICS Code 4. Brief Description of	CS codes, please select the code that best describes you the code that best describes you the Character of the Business Which is Actually Cond	<u>6</u> <u>42</u>
AICS Code 4. Brief Description of BRANDED PETFOO	CS codes, please select the code that best describes you the Character of the Business Which is Actually Cone D COMPANY SERVING FEED DEALERS	<u>6</u> <u>42</u>
NAICS Code         4. Brief Description of         BRANDED PETFOO         5. Principal Office Add	CS codes, please select the code that best describes you the Character of the Business Which is Actually Cond D COMPANY SERVING FEED DEALERS	<u>6</u> <u>42</u>
NAICS Code         4. Brief Description of         BRANDED PETFOO         5. Principal Office Add         No. and Street:       1080	CS codes, please select the code that best describes you the Character of the Business Which is Actually Cond D COMPANY SERVING FEED DEALERS Iress	<u>6</u> <u>42</u> ducted in Rhode Island
NAICS Code         4. Brief Description of         BRANDED PETFOO         5. Principal Office Add         No. and Street:       1080	CS codes, please select the code that best describes you the Character of the Business Which is Actually Cond D COMPANY SERVING FEED DEALERS Iress	6 42
NAICS Code         4. Brief Description of         BRANDED PETFOO         5. Principal Office Add         No. and Street:       1080         City or Town:       SHO	CS codes, please select the code that best describes you the Character of the Business Which is Actually Cond D COMPANY SERVING FEED DEALERS Iress	6       42         ducted in Rhode Island         55126       Country: USA
NAICS Code         4. Brief Description of         BRANDED PETFOO         5. Principal Office Add         No. and Street:       1080         City or Town:       SHO         6. Mailing Address of	CS codes, please select the code that best describes you the Character of the Business Which is Actually Cone D COMPANY SERVING FEED DEALERS Iress COUNTY ROAD F WEST DREVIEW State: MN Zip:	<u>6</u> <u>42</u> ducted in Rhode Island
NAICS Code         4. Brief Description of         BRANDED PETFOO         5. Principal Office Add         No. and Street:       1080         City or Town:       SHO         6. Mailing Address of         Contact Name:       LAW I         No. and Street:       PO	CS codes, please select the code that best describes you the Character of the Business Which is Actually Cone D COMPANY SERVING FEED DEALERS Iress COUNTY ROAD F WEST DREVIEW State: MN Zip: Limited Liability Company and Name or Title of Conta DEPARTMENT - MS 2500 Contact Title: D BOX 64101	<u>6</u> <u>42</u> ducted in Rhode Island <u>55126</u> Country: <u>USA</u> act Person:
NAICS Code         4. Brief Description of         BRANDED PETFOO         5. Principal Office Add         No. and Street:       1080         City or Town:       SHO         6. Mailing Address of         Contact Name:       LAW I         No. and Street:       PC	CS codes, please select the code that best describes you the Character of the Business Which is Actually Cone D COMPANY SERVING FEED DEALERS Iress D COUNTY ROAD F WEST DREVIEW State: MN Zip: Limited Liability Company and Name or Title of Conta DEPARTMENT - MS 2500 Contact Title:	6       42         ducted in Rhode Island         55126       Country: USA         act Person:
NAICS Code         4. Brief Description of         BRANDED PETFOO         5. Principal Office Add         No. and Street:       1080         City or Town:       SHO         6. Mailing Address of         Contact Name:       LAW I         No. and Street:       PC         City or Town:       ST	CS codes, please select the code that best describes you the Character of the Business Which is Actually Cone D COMPANY SERVING FEED DEALERS Iress D COUNTY ROAD F WEST DREVIEW State: MN Zip: Limited Liability Company and Name or Title of Conta DEPARTMENT - MS 2500 Contact Title: D BOX 64101 PAUL State: MN Zip: 55164-0101 of Each Manager of the Limited Liability Company, if	6       42         ducted in Rhode Island         55126       Country: USA         act Person:         1       Country: USA
NAICS Code         4. Brief Description of         BRANDED PETFOOL         5. Principal Office Add         No. and Street:       1080         City or Town:       SHO         6. Mailing Address of         Contact Name:       LAW I         No. and Street:       PC         City or Town:       ST         7. Name and Address	CS codes, please select the code that best describes you the Character of the Business Which is Actually Cone D COMPANY SERVING FEED DEALERS Iress D COUNTY ROAD F WEST DREVIEW State: MN Zip: Limited Liability Company and Name or Title of Conta DEPARTMENT - MS 2500 Contact Title: D BOX 64101 PAUL State: MN Zip: 55164-0101 of Each Manager of the Limited Liability Company, if	6       42         ducted in Rhode Island         55126       Country: USA         act Person:         1       Country: USA

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 14 Day of September, 2016 at 4:52:44 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>KATHERINE LICHTY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved