	State of Rhode Island and Pro Office of the Secreta		S Fee: \$50.
	Division Of Business	s Services	
	148 W. River S		
	Providence RI 029 (401) 222-30		
HOPE	(401) 222-30	40	
imited Liability Con	npany		
Annual Report Filing Period: September 1	1 - November 1		
n accordance with R.I.G.L	7-16-66(d), each limited liability com	panv failing or refusing	
o file its annual report with	nin thirty (30) days after the time prese		
6-66(b&c)) is subject to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2016</u>		
1. ID No. <u>00012435</u>	<u>6</u>		
2. Exact Name of the L	imited Liability Company Sodexo	Vending Services, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
	-		
Using the following NAIC	S codes, please select the code that b	est describes your busine	ess.
Using the following NAIC	-	best describes your busine	ess. <u>72</u>
NAICS Code	S codes, please select the code that b	6	<u>72</u>
NAICS Code	-	6	<u>72</u>
NAICS Code 4. Brief Description of th	S codes, please select the code that b	6	<u>72</u>
NAICS Code 4. Brief Description of th CONTRACT SERVIC	S codes, please select the code that be he Character of the Business Which ES.	6	<u>72</u>
NAICS Code	S codes, please select the code that be he Character of the Business Which ES.	6	<u>72</u>
NAICS Code 4. Brief Description of the second sec	S codes, please select the code that be he Character of the Business Which ES.	n is Actually Conducted	<u>72</u>
NAICS Code 4. Brief Description of the second street CONTRACT SERVICE 5. Principal Office Address No. and Street: 9801 W	S codes, please select the code that be he Character of the Business Which ES.	n is Actually Conducted	<u>72</u> in Rhode Island
NAICS Code 4. Brief Description of the second street <u>CONTRACT SERVICE</u> 5. Principal Office Address No. and Street: <u>9801 W</u> City or Town: <u>GAITH</u>	S codes, please select the code that be he Character of the Business Which ES. ess VASHINGTONIAN BOULEVARD	2 State: <u>MD</u> Zip: <u>20</u>	<u>72</u> in Rhode Island 878 Country: <u>USA</u>
NAICS Code 4. Brief Description of the second street CONTRACT SERVICE 5. Principal Office Address No. and Street: 9801 W City or Town: GAITH 6. Mailing Address of L	S codes, please select the code that be he Character of the Business Which ES. ASHINGTONIAN BOULEVARD ERSBURG imited Liability Company and Name	2 State: <u>MD</u> Zip: <u>20</u>	<u>72</u> in Rhode Island 878 Country: <u>USA</u>
NAICS Code 4. Brief Description of the contract service CONTRACT SERVICE 5. Principal Office Address No. and Street: 9801 W City or Town: GAITH 6. Mailing Address of L Contact Name: ENTITY	S codes, please select the code that be he Character of the Business Which ES. ess ASHINGTONIAN BOULEVARE ERSBURG imited Liability Company and Name ACCOUNTING Contact Title:	2 State: <u>MD</u> Zip: <u>20</u>	<u>72</u> in Rhode Island 878 Country: <u>USA</u>
NAICS Code 4. Brief Description of the second street <u>CONTRACT SERVICH</u> 5. Principal Office Address No. and Street: <u>9801 W</u> City or Town: <u>GAITH</u> 6. Mailing Address of L Contact Name: <u>ENTITY</u> No. and Street: <u>P</u>	S codes, please select the code that be he Character of the Business Which ES. ASHINGTONIAN BOULEVARD ERSBURG imited Liability Company and Name	2 State: <u>MD</u> Zip: <u>20</u> e or Title of Contact Per	<u>72</u> in Rhode Island 878 Country: <u>USA</u>
NAICS Code 4. Brief Description of the contract SERVICH CONTRACT SERVICH 5. Principal Office Address No. and Street: 9801 W City or Town: GAITH 6. Mailing Address of L Contact Name: ENTITY No. and Street: P City or Town: B	S codes, please select the code that be the Character of the Business Which ES. ESS CASHINGTONIAN BOULEVARE ERSBURG imited Liability Company and Name ACCOUNTING Contact Title: .O. BOX 352 UFFALO State: NY f Each Manager of the Limited Liab	State: MD Zip: 200 e or Title of Contact Per Zip: 14240 Co	<u>72</u> in Rhode Island <u>878</u> Country: <u>USA</u> rson: puntry: <u>USA</u>
NAICS Code 4. Brief Description of the contract SERVICH CONTRACT SERVICH 5. Principal Office Address No. and Street: 9801 W City or Town: GAITH 6. Mailing Address of L Contact Name: ENTITY No. and Street: P City or Town: ENTITY No. and Street: P City or Town: E 7. Name and Address of Name	S codes, please select the code that be the Character of the Business Which ES. ESS CASHINGTONIAN BOULEVARE ERSBURG imited Liability Company and Name ACCOUNTING Contact Title: .O. BOX 352 UFFALO State: NY f Each Manager of the Limited Liab	State: MD Zip: 200 e or Title of Contact Per Zip: 14240 Co	<u>72</u> in Rhode Island <u>878</u> Country: <u>USA</u> rson: puntry: <u>USA</u> cable.

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

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

Signed this 21 Day of September, 2016 at 12:06:23 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>SCOTT BROOKS</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