| | State of Rhode Island and Providence Plantations Office of the Secretary of State | Fee: \$50. |
|--|--|-------------------------------|
| | Division Of Business Services | |
| | 148 W. River Street | |
| | Providence RI 02904-2615 | |
| HOPE | (401) 222-3040 | |
| imited Liability C | company | |
| Annual Report | er 1 - November 1 | |
| | | |
| | G.L. 7-16-66(d), each limited liability company failing or refusing within thirty (30) days after the time prescribed by law (R.I.G.L. 7- | |
| | to a penalty fee of \$25.00. | |
| ANNUAL REPORT YE | AR: <u>2016</u> | |
| 1. ID No. <u>001659</u> | 9131 | |
| 2. Exact Name of the | e Limited Liability Company C&H Distributors, LLC | |
| 3. State of Formation | n | |
| State: <u>DE</u> | | |
| | | |
| | | |
| | | |
| Using the following NA | ARTICLE III AICS codes, please select the code that best describes your business. | |
| | AICS codes, please select the code that best describes your business. | |
| Using the following NA | | |
| NAICS Code | AICS codes, please select the code that best describes your business. | ode Island |
| NAICS Code | AICS codes, please select the code that best describes your business. 6 $\underline{81}$ | ode Island |
| NAICS Code 4. Brief Description o | AICS codes, please select the code that best describes your business. 6 $\underline{81}$ | ode Island |
| NAICS Code 4. Brief Description o DISTRIBUTION | AICS codes, please select the code that best describes your business. | ode Island |
| NAICS Code 4. Brief Description o | AICS codes, please select the code that best describes your business. | ode Island |
| NAICS Code 4. Brief Description o <u>DISTRIBUTION</u> 5. Principal Office Ad | AICS codes, please select the code that best describes your business. | ode Island |
| NAICS Code 4. Brief Description o DISTRIBUTION 5. Principal Office Ad No. and Street: | AICS codes, please select the code that best describes your business. | ode Island try: <u>USA</u> |
| NAICS Code 4. Brief Description o DISTRIBUTION 5. Principal Office Ad No. and Street: 11 City or Town: M | AICS codes, please select the code that best describes your business. 6 81 of the Character of the Business Which is Actually Conducted in Rho ddress 1200 W PARKLAND AVE ILWAUKEE State: WI Zip: 53224 Count | |
| NAICS Code 4. Brief Description o DISTRIBUTION 5. Principal Office Ad No. and Street: 11 City or Town: M 6. Mailing Address of | AICS codes, please select the code that best describes your business. 6 81 of the Character of the Business Which is Actually Conducted in Rho ddress 1200 W PARKLAND AVE ILWAUKEE State: WI Zip: 53224 Coun f Limited Liability Company and Name or Title of Contact Person: | |
| NAICS Code 4. Brief Description o DISTRIBUTION 5. Principal Office Ad No. and Street: 11 City or Town: M 6. Mailing Address of Contact Name: Cont | AICS codes, please select the code that best describes your business. 81 of the Character of the Business Which is Actually Conducted in Rho Iddress 1200 W PARKLAND AVE ILWAUKEE State: WI zip: 53224 Coun f Limited Liability Company and Name or Title of Contact Person: tact Title: | |
| NAICS Code 4. Brief Description o DISTRIBUTION 5. Principal Office Ad No. and Street: 11 City or Town: M 6. Mailing Address of Contact Name: Cont No. and Street: 11 | AICS codes, please select the code that best describes your business. <u>81</u> <u>6</u> <u>81</u> of the Character of the Business Which is Actually Conducted in Rho ddress <u>1200 W PARKLAND AVE</u> <u>11WAUKEE</u> State: <u>WI</u> zip: <u>53224</u> Coun f Limited Liability Company and Name or Title of Contact Person: tact Title: <u>200 W PARKLAND AVE </u> | try: <u>USA</u> |
| NAICS Code 4. Brief Description o DISTRIBUTION 5. Principal Office Ad No. and Street: 11 City or Town: M 6. Mailing Address of Contact Name: Cont No. and Street: 11/2 | AICS codes, please select the code that best describes your business. <u>81</u> <u>6</u> <u>81</u> of the Character of the Business Which is Actually Conducted in Rho ddress <u>1200 W PARKLAND AVE</u> <u>11WAUKEE</u> State: <u>WI</u> zip: <u>53224</u> Coun f Limited Liability Company and Name or Title of Contact Person: tact Title: <u>200 W PARKLAND AVE </u> | |
| NAICS Code 4. Brief Description o DISTRIBUTION 5. Principal Office Ad No. and Street: 11 City or Town: M 6. Mailing Address of Contact Name: Cont No. and Street: 11 City or Town: M | AICS codes, please select the code that best describes your business. Image: State of the State of Contact Person: tact Title: 200 W PARKLAND AVE ILWAUKEE State: WI Zip: 53224 Coun f Limited Liability Company and Name or Title of Contact Person: tact Title: 200 W PARKLAND AVE LWAUKEE State: WI Zip: 53224 Coun s of Each Manager of the Limited Liability Company, if Applicable. | try: <u>USA</u> |
| NAICS Code 4. Brief Description o DISTRIBUTION 5. Principal Office Ad No. and Street: 11 City or Town: M 6. Mailing Address of Contact Name: Cont No. and Street: 11/2 City or Town: M 7. Name and Address | AICS codes, please select the code that best describes your business. Image: State of the State of Contact Person: tact Title: 200 W PARKLAND AVE ILWAUKEE State: WI Zip: 53224 Coun f Limited Liability Company and Name or Title of Contact Person: tact Title: 200 W PARKLAND AVE LWAUKEE State: WI Zip: 53224 Coun s of Each Manager of the Limited Liability Company, if Applicable. | try: <u>USA</u> |

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 17 Day of October, 2016 at 12:50:42 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>ERIC LERNER</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