State of Rhode Island a	and Providence!	Plantations				
Department of S			s Division			
Annual Report for the year: Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00					R.H. DEPT. OF SHEET STORY	
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					⇔ ₹₹	
1. Entity ID Number	2. Exact name	e of the Limited Lia	ability Company Stributos L	<u> </u>	<u> </u>	
3. NAICS Code	4. Brief descrir	4. Brief description of the character of business conducted in Rhode Island				
14	Doli	Delivery of bake goods to				
5. State of Formation	Verrous Establishmen 00					
6. Principal Office Address	~1		City	State	Zip	
144 CVO	iss St.	本 2	Control +9115	15T -	62863	
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person	<u></u>		
Contact Name Red 10 Vasque Z			Contact Title	Contact Title		
Street Address Same	as c	above	City	State	Zip	
	nd addresses) of	f the Limited Liabil	lity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS	
Manager Name			Manager Name		**********	
Street Address		Street Address				
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address	Street Address		Street Address			
City	State	Zip	City	State	Zip	
	Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
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.						
Name Wilholded Person				Date	15/16	
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

DEC 1 5 2016

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