RI SOS Filing Number: 201749671500 Date: 9/13/2017 4:00:00 PM



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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

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.

| I. Entity ID No. | | 2. Exact name of the limited liability company | | | | |
|--|-----------------|---|---|----------------|---------------------|--|
| 138225 | THEE FO | THEE FOOD SERVICE CONSULTANTS,LLC | | | | |
| 130223 | | | | | | |
| 3. State of Formation | | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| RHODE ISLAND | FOOD SE | FOOD SERVICE AND CONSULTING (7223107) | | | | |
| KNODE IDEANS | | | | | | |
| 5. Principal office address | | | City East Greenwich | State RI | Zip 02818 | |
| 220 Sanctuary Drive | | | | | 02816 | |
| | IMITED LIABILIT | Y COMPANY AND | NAME OR TITLE OF CONTACT PER | ISON: | | |
| Contact Name THOMAS L. WRIGHT | | | Contact Title MEMBER | | | |
| treet Address 220 Sanctuary Drive | | | City East Greenwich | State RI | Zip 02818 | |
| • | _ | | | | | |
| • | | RESSES) OF THE | LIMITED LIABILITY COMPANY, IF A | PPLICABLE - DO | NOT LIST MEMBER | |
| 7. LIST ALL MANAGERS (I | | RESSES) OF THE | | PPLICABLE - DO | NOT LIST MEMBER | |
| 7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHI | | PRESSES) OF THE | LIMITED LIABILITY COMPANY, IF A | PPLICABLE - DO | NOT LIST MEMBER | |
| 7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHI Manager Name | MENT) [] | | LIMITED LIABILITY COMPANY, IF A Manager Name Street Address | | | |
| 7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHI Manager Name | | Zip | LIMITED LIABILITY COMPANY, IF A | PPLICABLE - DO | NOT LIST MEMBER | |
| 7. LIST ALL MANAGERS (I ("X" BOX FOR ATTACHN Manager Name Street Address City | MENT) [] | | LIMITED LIABILITY COMPANY, IF A Manager Name Street Address | | | |
| 7. LIST ALL MANAGERS (I ("X" BOX FOR ATTACHN Manager Name Street Address | MENT) [] | | Manager Name Street Address City | | | |
| 7. LIST ALL MANAGERS (I ("X" BOX FOR ATTACHN Manager Name Street Address City Manager Name | MENT) [] | | Manager Name Street Address City Manager Name | | Zip | |
| 7. LIST ALL MANAGERS (I ("X" BOX FOR ATTACHI Manager Name Street Address City Manager Name Street Address | State | Zip | LIMITED LIABILITY COMPANY, IF A Manager Name Street Address City Manager Name Street Address | State | Zip | |
| 7. LIST ALL MANAGERS (I ("X" BOX FOR ATTACHI Manager Name Street Address City Manager Name Street Address City B. RESIDENT AGENT IN RI | State State | Zip Zip | LIMITED LIABILITY COMPANY, IF A Manager Name Street Address City Manager Name Street Address | State State | Zip | |

| File Date FILED ov | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and etatements, and that all statements contained berein are true and correct. |
|--------------------------------|--|
| Check NoSEP 1 3 2017 | MansorMM/ 8/23/247 |
| By: | Signature of Authorized Person Date |
| FOR SECRETARY OF STATE WE ONLY | Plint or Type Name of Authorized Person |

Form No. 632 Revised: 01/2012