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	State of Rhode Island a Department of S
	Department of S

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the	e year:	17						
Limited Liability Con	npany		i V • • • • • • •		•· • •			
 → Filing period: September → Filing Fee. \$50.00 → Penalty: Additional \$25 			ecember 1.	· _	······································			
Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company						
000111901	Baker's Ex	Baker's Express, LLC						
3. NAICS Code 5. State of Formation		Brief description of the character of business conducted in Rhode Island DISTRIBUTION OF COMMERCIAL BAKED GOODS						
6. Principal Office Address			City	State	Zip			
200 Helen Street			South Plainfield	NJ	07080			
7. Mailing Address of Limited	d Liability Compa	any and Name or						
Contact Name Edward Bumiller			Contact Title Controller					
Street Address 581 Main Street, Suite 510			C ty Woodbridge	State NJ	^{Zip} 07095			
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address					
City	State	<i>7</i> ıp	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
				Check the box to	indicate an attachment			
9. Resident Agent in Rhode	Island. This inforr	mation is currently	of record with the Department of Stat	le. Changes require fil	ing Form 642.			
Under penalty of perjury, I statements, and that all sta			examined this report, including true and correct.	g any accompanyi	ng schedules and			
Name of Authorized Person				Date	Date			
Mark Jacobson				9/12/17				
Signature of Authorized Page	ien		Sold Of the service					
7()								

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

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