s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00	
	Division Of Business 148 W. River St	reet		
HOPE	Providence RI 0290 (401) 222-304			
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2017				
1. ID No. <u>000138506</u>				
2. Exact Name of the Limited Liability Company <u>NORTHEAST RETAILER BRANDS LLC</u>				
3. State of Formation				
State: <u>DE</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.				
424490				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
DISTRIBUTION AND SALE OF CSDS AND WATER PRODUCTS				
5. Principal Office Address				
No. and Street:4221 W. BOY SCOUT BLVD. SUITE 400City or Town:TAMPAState:FLZip:33607Country:USA				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name:Contact Title:No. and Street:4221 W. BOY SCOUT BLVD. SUITE 400City or Town:TAMPAState:FL Zip: 33607				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
MANAGER	First, Middle, Last, Suffix MICHAEL MULRAIN	Address, City or Town, State, Zip Co 4221 W. BOY SCOUT BLVD.		
MANAGER	RALPH CROWLEY	TAMPA, FL 33607 USA		

		TAMPA, FL 33607 USA
MANAGER	MIKE GIBBONS	4221 W. BOY SCOUT BLVD. SUITE 400 TAMPA, FL 33607 USA
MANAGER	BRIAN MANGAN	4221 W. BOY SCOUT BLVD. SUITE 400 TAMPA, FL 33607 USA
MANAGER	FRANK COSENZA	4221 W. BOY SCOUT BLVD. SUITE 400 TAMPA, FL 33607 USA
MANAGER	WILLIAM REIS	4221 W. BOY SCOUT BLVD. SUITE 400 TAMPA, FL 33607 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENT SOLUTIONS, INC. 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 27 Day of September, 2017 at 3:55:34 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>TJ ALLEN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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