		le Island and Pro ce of the Secreta	vidence Plantatio ry of State	ns Fee: \$50.0
		Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE		(401) 222-304	0	
Limited Liabilit Annual Report Filing Period: Septe	· · ·			
to file its annual rep	R.I.G.L. 7-16-66(d), eac port within thirty (30) day ect to a penalty fee of \$	s after the time presci		
ANNUAL REPORT	FYEAR: <u>2017</u>			
1. ID No. <u>000</u>	0788042			
2. Exact Name o DISTRIBUTION	f the Limited Liability	Company <u>FRIEND</u>	LY'S PURCHASINC	<u>G AND</u>
3. State of Form	ation			
State: DE				
		ARTICLE III		
-	NAICS Code that best c ere. More information on		-	the entity. Download
<u>424990</u>				
	on of the Character of		is Actually Conducte	d in Rhode Island
5. Principal Office	e Address			
No. and Street:	<u>1855 BOSTON RO</u> SUITE 200	DAD		
City or Town:	WILBRAHAM	State: <u>N</u>	<u>AA</u> Zip: <u>01095</u>	Country: <u>USA</u>
6. Mailing Addres	ss of Limited Liability	Company and Name	or Title of Contact P	erson:
Contact Name: I	DIANE MONT Contact T	itle: TAX MANAGEF	R	
No. and Street:	1855 BOSTON RO SUITE 200		-	
City or Town:	WILBRAHAM	State: <u>N</u>	<u>//A</u> Zip: <u>01095</u>	Country: <u>USA</u>
7. Name and Add DO NOT LIST I	dress of Each Manage MEMBERS	of the Limited Liab	ility Company, if App	licable.
Title	Indivi	dual Name	Add	ress
	First, Mic	ldle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 19 Day of October, 2017 at 4:19:30 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 T. TODD SCHWENDENMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved