


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2017**  
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>128892</b>		2. Exact name of the Limited Liability Company <b>SYSCO CONNECTICUT, LLC</b>									
3. NAICS Code <b>42-WHOLESALE TRADE</b>		4. Brief description of the character of business conducted in Rhode Island <b>BROADLINE FOOD DISTRIBUTION</b>									
5. State of Formation <b>DELAWARE</b>		424410									
6. Principal Office Address <b>1390 ENCLAVE PARKWAY</b>				City <b>HOUSTON</b>		State <b>TX</b>		Zip <b>77077</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person											
Contact Name <b>RUSSELL T. LIBBY</b>				Contact Title <b>MANAGER</b>							
Street Address <b>1390 ENCLAVE PARKWAY</b>				City <b>HOUSTON</b>		State <b>TX</b>		Zip <b>77077</b>			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS											
Manager Name <b>RUSSELL T. LIBBY</b>				Manager Name <b>JOSEPH H. WOOD</b>							
Street Address <b>1390 ENCLAVE PARKWAY</b>				Street Address <b>1390 ENCLAVE PARKWAY</b>							
City <b>HOUSTON</b>		State <b>TX</b>		Zip <b>77077</b>		City <b>HOUSTON</b>		State <b>TX</b>		Zip <b>77077</b>	
Manager Name <b>GREG D. BERTRAND</b>				Manager Name							
Street Address <b>1390 ENCLAVE PARKWAY</b>				Street Address							
City <b>HOUSTON</b>		State <b>TX</b>		Zip <b>77077</b>		City		State		Zip	
Check the box to indicate an attachment: <input type="checkbox"/>											
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.											
<i>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.</i>											
Name of Authorized Person <b>RUSSELL T. LIBBY</b>								Date <b>10/16/2017</b>			
Signature of Authorized Person <div style="float: right; text-align: center;">SIGN DOCUMENT HERE</div>											

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**
**OCT 31 2017**
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