



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>128893</b>		2. Exact name of the Limited Liability Company <b>SYSCO BOSTON, 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.					
<b>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.</b>					
Name of Authorized Person <b>RUSSELL T. LIBBY</b>				Date <b>10/16/2017</b>	
Signature of Authorized Person 			SIGN DOCUMENT HERE		

**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**  
 BY: 724882 DS