

Annual Report for the year: _2017 **Limited Liability Company**

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00

Phone: (401) 222-3040 Website: www.sos.ri.gov

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Lia			
1667126	All-Brand New England LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
722310	Distribute food and poper goods to the			
5. State of Formation	nursery showl, thild and adultday care			
6. Principal Office Address 25	o Canal St	City Lawrence	State	Zip 01840
			1 1/2 1/3	01010
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Grea Miller		Contact Title Partner/Oviner		
Street Address 258 Car	1al SI	CityLawrence	State	zip0184D
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name Grea Miller		Manager Name John Richard		
Street Address 250 Canal St		Street Address 250 Canal St		
City Lawrence	Stape A ZID1840	chylavyrence	State M 1	^{Zip} 01840
Manager Name Paul Robbat		Manager Name		
Street Address 250 Canal St		Street Address		
	State 1/1 Zip 0 1840	City	State	Zip
Check the box to indicate an attachment				
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. No Change				
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.				
Name of Authorized Person Date 11/9/			1/17	
Signature of Authorized Person Ag Mullo				
/ Fli Fh				
MAIL TO:	FILED			
Division of Business Services		$, \Omega$		
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040		NOV 1 5 2017		

FORM 632 - Revised: 10/2017