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2018 MAY 16 PM 1: 06

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Annual Report for the year: <u>C</u> 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	2. Exact name of the Limited L	- · · · · ·		
1665068	VENROT	DISTRIBUTOR	1220.	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
424990	1			
5. State of Formation	7 :			·
RI	Bread Dista	ibutor		
6. Principal Office Address		City	State	Zip
15 Halton	St	Providence	e RI	02907.
	iability Company and Name or Tit	le of Contact Person	<u> </u>	
	ne Rojas	Contact Title President owner.		
Street Address Samc		City	State	Zip
8. List ALL managers (names	and addresses) of the Limited Lia	bility Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS
Manager Name Pather	<i>(</i> ).	Manager Name		
Street Address 15 Ha	Hon St	Street Addres	·~	
cityProvidence	State ZI Zip 0290	City	State	Zip
Manager Name	V)	Manager Name   1	<del></del>	
Street Address	72	Street Address	•	,
City 1	Ctate -	City/	State.	Zin
A 1 -1111	1 14-1 101-1		~ · · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
				Indicate an attachment
9. Resident Agent In Rhode Isl	and. This information is currently of re	ecord with the Department of Sta	te. Changes require fili	ing Form 642.
Under penalty of perjury, I do	eclare and affirm that I have extended the contained herein are true	amined this report, including	g any accompanyii	ng schedules and
Name of Authorized Person			Date	1
Catherine Kojas			05	/16/18
Signature of Authorized Person	, D =		<del> <u> </u></del>	· · · · · · · · · · · · · · · · · · ·
Signature of Authorized Person	150/25	<u> </u>		
		<del></del>	FILED	<u></u> -

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 16 2018

ву ОД 330707