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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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.

SECRETARY CORPORAT	OF STATE
2018 JUN 15	% र र जिल्लामा PM ५: 08

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
155135	C.S. Food LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
722513							
5. State of Formation]		_				
Rhodetsky	51	Joy,	in Rash	vice	-		
6. Principal Office Address City State Zip							
47 Sunly	Ooth	Im R	Coverin	125	D2812		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name 18 C Pala			Contact Title MC La Dec				
Street Address	Botto	whi	City Crosse ha	State	218 27H		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name	Manager Name						
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address		Street Address					
City	State	Zip	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.							
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 Whereore ada. Pals Date C/15/17							
Signature of Authorized Person HONE 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 4:10 FILED
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BY 00 3 3 285