RI SOS Filing Number: 201869859190 Date: 6/15/2018 4:09:00 PM



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.

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CORPORATIONS DIV
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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	1		_			
Rholetsky	1 5 L	Jones .	In Rasky	ral	<u></u>	
6 Principal Office Address City State Zip						
47 Sandy Bottom RI Coverby RT 0284						
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name 10 C Pala			Contact Title MC \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Street Address Could Bottom			City Coverty	State	218 23H	
8. List ALL managers (names	(Caddresses) of t	he Limited Liabi	lity Company, IF APPLICABLE L	O NOT LIST ME	EMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	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 Dharorender Deta. Pale C/15/17						
Signature of Authorized Person						
LO SECTION AND AREA.						
				-		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 4:09 FILED
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BY 732858