State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001678863

2. Exact Name of the Limited Liability Company WINCO MFG., LLC

3. State of Formation

State: MO

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

337127

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WE MANUFACTURE MEDICAL FURNISHINGS IN THE STATE OF FLORIDA THAT ARE DROP-SHIPPED BY LTL CARRIER INTO THE STATE OF RHODE ISLAND TO OUR CUSTOMER(S).

5. Principal Office Address

No. and Street: 5516 SW 1ST LANE
City or Town: OCALA State: FL Zip: 34474 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DEBRA ALMGREN Contact Title: ACCOUNTING ADMINISTRATOR
No. and Street: 5516 SW 1ST LANE
City or Town: OCALA State: FL Zip: 34474 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 7 Day of September, 2018 at 9:11:17 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DEBRA ALMGREN
Signature of Authorized Person

Form No. 632
Revised 09/07