State of Rhode Isla Department of			cas Division			
Department		_	ses Divisioni		SECRET CORPO 2019 JAN	
Annual Report for th	ıе уеаг: <i>&</i>	2018			RPO PAN	
imited Liability Company					AR AR -9	
→ Filing period: September 1 - November 1						
→ Filing Fee: \$50.00 → Penalty: Additional \$2	95 NN fee if form is	not filed by De	nombor 1			
7 i charty. Additional 42	.5.00 166 11 10/111 13	not med by Det	Cember 1.			
1. Entity ID Number	2. Exact nan	ne of the Limited		- α < Δ		
000228557	120	BREAD UNLIMITED LIC				
3. NAICS Code	4. Brief desc	ription of the ch	aracter of business conducted in R	hode Island		
	ENGAGETH THE OPERATION OF Wholes ALE + Retal BAKEFIES					
5. State of Formation	- EDV	une I O	THE CHARGE			
S. State of Formation PLT	whol	es alt +	. Zetal BAKIFIE	3		
6. Principal Office Address			City	State	Zip	
11 NEWAR	x ST		PROLICENE	25	02921	
7. Mailing Address of Limite		y and Name or	Title of Contact Person		1001	
Contact Name CITAL	D 2 MAC	ندم	Contact Title MEMB(CR_		
Street Address ALPIN	E ESTRATE	De.	Chanzan	State 2	32921	
	nes and addresses	of the Limited L	iability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
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 Rhod	le Island. This inform	nation is currently of	of record with the Department of State.			
	, I declare and affi	rm that I have o	examined this report, including a			
Name of Authorized Person				Date	1	
Picharo macket					7/19.	
Signature of Authorized P	ars/h					
	<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 JAN 0 9 2019 11:25

BY COL KDQOC