



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2019

Limited Liability Company

FEB 27 2019

BY 1051 DS

- 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 <u>001674662</u> | | 2. Exact name of the Limited Liability Company <u>TGF Baked Goods LLC</u> | | | |
| 3. NAICS Code <u>311811</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>MAKING & Selling of Baked Goods</u> | | | |
| 5. State of Formation <u>RI</u> | | | | | |
| 6. Principal Office Address <u>36 Manville Hill Road</u> | | | City <u>Cumberland</u> | State <u>RI</u> | Zip <u>02864</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>Paul E. Landry</u> | | | Contact Title <u>Owner</u> | | |
| Street Address <u>36 Manville Hill Road</u> | | | City <u>Cumberland</u> | State <u>RI</u> | Zip <u>02864</u> |
| 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 <input type="checkbox"/> | | | | | |
| 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 <u>PAULE LANDRY</u> | | | | Date <u>2-24-19</u> | |
| Signature of Authorized Person <u>Paul E. Landry</u> | | | | SIGN 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