| S   | tate of Rhode Island and Pro<br>Office of the Secreta  |                                  | Fee: \$50.00     |
|---|--|----------------------------------|------------------|
|   | Division Of Business<br>148 W. River S<br>Providence RI 0290<br>(401) 222-30                                 | treet<br>)4-2615                 |                  |
| HOPE  |  |                                  |                  |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1  |  |                                  |                  |
|   | 7-16-66(d), each limited liability com<br>n thirty (30) days after the time presc<br>penalty fee of \$25.00. |                                  |                  |
| ANNUAL REPORT YEAR:   | <u>2019</u>  |                                  |                  |
| 1. ID No. <u>00167903</u>   | 5  |                                  |                  |
| 2. Exact Name of the Limited Liability Company Ocean State Healthy Vending, LLC                             |  |                                  |                  |
| 3. State of Formation   |  |                                  |                  |
| State: <u>RI</u>  |  |                                  |                  |
|   | ARTICLE III  |                                  |                  |
| -   | Code that best describes the primary e information on <u>NAICS</u> can be found                              |                                  | ntity. Download  |
| 4. Brief Description of th  | e Character of the Business Which  | is Actually Conducted in F       | Rhode Island     |
| VENDING MACHINE   | FOR SNACKS   |                                  |                  |
| 5. Principal Office Addre   | SS   |                                  |                  |
|   | <u>IVES RD.</u><br>ST GREENWICH State: <u>I</u>  | <u>RI</u> Zip: <u>02818</u> Cour | ntry: <u>USA</u> |
| 6. Mailing Address of Li  | nited Liability Company and Name   | or Title of Contact Person       | :                |
| Contact Name: <u>CONST/</u><br>No. and Street: <u>320</u>   | NCE ZACK Contact Title:<br>IVES RD.  |                                  |                  |
| City or Town: EAS   | T GREENWICH State: F   | <u>RI</u> Zip: <u>02818</u> Cou  | ntry: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS |  |                                  |                  |
| Title   | Individual Name  | Address                          |                  |
|   | First, Middle, Last, Suffix  | Address, City or Town, State, Zi | p Code, Country  |
|   |  |                                  |                  |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  |  |                                  |                  |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CONSTANCE ZACK <u>320 IVES ROAD</u> EAST GREENWICH , <u>RI</u> <u>02818</u>

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

**Signed this 9 Day of September, 2019 at 10:33:13 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 <u>CONSTANCE ZACK</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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