Sta	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	treet	
HOPE	(401) 222-304		
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: 2019			
<b>1. ID No.</b> <u>001685995</u>			
2. Exact Name of the Limited Liability Company <u>SUPERVALU TTSJ, LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>424410</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
WHOLESALE DISTRIBUTION			
5. Principal Office Address	S		
	ALLEY VIEW ROAD PRAIRIE St	ate: <u>MN</u> Zip: <u>55344</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:   No. and Street: 11840 VALLEY VIEW ROAD   City or Town: EDEN PRAIRIE   State: MN   Zip: 55344   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 C	ode, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 24 Day of September, 2019 at 2:43:12 PM 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>DEVON J HART</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved