s s	tate of Rhode Island and Pro Office of the Secreta		: \$50.00			
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet 04-2615				
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:	<u>2019</u>					
1. ID No. <u>000693363</u>	3					
2. Exact Name of the Limited Liability Company <u>ADVANTAGE SALES 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. 425120						
4. Brief Description of th	e Character of the Business Which	n is Actually Conducted in Rhode Isla	nd			
BROKER/SALES OF FOOD AND NON-FOOD ITEMS TO U.S. GOVERNMENT FACILITIES						
5. Principal Office Addre	SS					
No. and Street: 7411 SUIT	<u>FULLERTON STREET</u> E 101					
City or Town: JACK	<u>SONVILLE</u> Sta	ate: <u>FL</u> Zip: <u>32256</u> Country: <u>US</u>	<u>SA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:						
Contact Name: Contact Title: No. and Street: <u>18100 VON KARMAN AVENUE</u> <u>SUITE 1000</u> State: CA 202612, Country: USA						
City or Town: <u>IRVINE</u>	-	State: <u>CA</u> Zip: <u>92612</u> Country: <u>L</u>	<u>194</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS						
Title	Individual Name	Address				

IIIE		Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
MANAGER	BRIAN G STEVENS	18100 VON KARMAN AVE., SUITE 1000	

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TANYA DOMIER

IRVINE, CA 92612 USA

18100 VON KARMAN AVE., SUITE 1000 IRVINE, CA 92612 USA

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

CORPORATION SERVICE COMPANY 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 9 Day of October, 2019 at 11:54:51 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>BRYCE ROBINSON</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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