



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**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

**1. ID No.** 001665460

**2. Exact Name of the Limited Liability Company** WHOLESOME HARVEST BAKING, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

311800

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MANUFACTURE AND SALE OF BAKED GOODS

**5. Principal Office Address**

No. and Street: 1011 E TOUHY AVE #500

City or Town: DES PLAINES

State: IL

Zip: 60018

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 1011 E TOUHY AVE #500

City or Town: DES PLAINES

State: IL

Zip: 60018

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 Code, Country
MANAGER	RICHARD M LEE JR	4801 COX ROAD SUITE 101 GLEN ALLEN, VA 23060 USA
MANAGER	STEPHEN J MOLLIK	255 BUSINESS CENTER DR

		HORSHAM, PA 19044 USA
MANAGER	CRAIG H PIZER	255 BUSINESS CENTER DR HORSHAM, PA 19044 USA

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

CAPITOL CORPORATE SERVICES, INC. 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 24 Day of October, 2019 at 1:16:54 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 CLAUDIA V COSCIA  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2019 State of Rhode Island and Providence Plantations  
All Rights Reserved