



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIVAnnual Report for the year: **2019** - *Amended*  
Limited Liability Company

2020 JAN 31 PM 3:09

- 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 <b>000246667</b>		2. Exact name of the Limited Liability Company <b>The Granny Squibb Company</b> <i>LLC</i>	
3. NAICS Code <b>424410</b>		4. Brief description of the character of business conducted in Rhode Island <b>General Line Grocery Merchant Wholesalers</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>244 Weybosset Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <i>Nicholas Carr</i>		Contact Title <i></i>	
Street Address <i>244 Weybosset St.</i>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <i>Nicholas Carr</i>		Manager Name <i></i>	
Street Address <i>244 Weybosset St.</i>		Street Address <i></i>	
City <b>Providence</b>	State <b>RI</b>	City <i></i>	State <i></i>
Zip <b>02903</b>		Zip <i></i>	
Manager Name <i></i>		Manager Name <i></i>	
Street Address <i></i>		Street Address <i></i>	
City <i></i>	State <i></i>	City <i></i>	State <i></i>
Zip <i></i>		Zip <i></i>	
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 <b>Sally Robinson Squibb</b>		Date <b>01/27/2020</b>	
Signature of Authorized Person <i>Sally Robinson Squibb</i>			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY *Ch* 3:09



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

January 31, 2020 03:09 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

