



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State
 Matthew A. Brown, Secretary of State

Corporations Division
 100 North Main Street
 Providence, RI 02903-1335
 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 127152		2. Exact name of the limited liability company ENTEGRA PROCUREMENT SERVICES, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island CONTRACT SERVICES			
5. Principal office address 9801 Washingtonian Blvd.		City Gaithersburg	State MD	Zip 20878	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jessica Cardino			Contact Title Accounting Specialist		
Street Address P.O. Box 352		City Buffalo	State NY	Zip 14240	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
City		State	Zip	City	
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
City		State	Zip	City	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 05 SEP 21 AM 11:32



127152

FILED

File Date SEP 22 2005

Check No. _____

By [Signature] 7632

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 9/16/2005
 Signature of Authorized Person Date

Richard H. Allen
 Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 127152		2. Exact name of the limited liability company ENTEGRA PROCUREMENT SERVICES, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island CONTRACT SERVICES			
5. Principal office address 9801 WASHINGTONIAN BOULEVARD/SODEXHO		City GAITHERSBURG	State MD	Zip 20878-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jessica Candino			Contact Title Accounting Specialist		
Street Address P.O. Box 352		City Buffalo	State NY	Zip 14240-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY			Address 222 JEFFERSON BOULEVARD, SUITE 200		
Address		City WARWICK	Zip 02888-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 7 1 5 2

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.

Richard H. Allen 10/22/04
Signature of Authorized Person Date

Richard H. Allen
Print or Type Name of Authorized Person

127152 FLLC 09/27/04 02:43:05 PM
File Date 10/25/04
Check No. 10757470
By: DA
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3940

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 127152		2 Exact name of the limited liability company ENTEGRA PROCUREMENT SERVICES, LLC			
3 State of Formation DELAWARE		4 Brief description of the character of the business which is actually conducted in Rhode Island CONTRACT SERVICES			
5 Principal office address 9801 WASHINGTONIAN BLVD		City CATHERSBURG	State MD	Zip 20878	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CATHLEEN ADAMS			Contact Title SENIOR TAX ACCOUNTANT		
Street Address P.O. BOX 352		City BUFFALO	State NY	Zip 14240	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY			Address		
Address 170 WESTMINSTER STREET, SUITE 900			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 10/27/03
Check No 10299403
By [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 10/23/03
Signature of Authorized Person Date
RICHARD H. ALLEN
Print or Type Name of Authorized Person