STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Edward S. Inman, III, 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)

	The state of the s				
1. ID No 1.05560	1	Exact name of the limited liability company LL SEASON PRODUCE			
105569 3 State of Formation			ess which is actually conducted in Rho	ode Island	
			ess which is actually conducted in tono	at island	
RHODE ISLAND SALE OF PRODUCE			City	State	Zip
5 Principal office address 570 WELLINGTON AVENUE			CRANSTON	RI	02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND					102310
Contact Name	S OF LIMITED LIABII	LITT COMPANT AND N	Contact Title	TERSON.	
SORATH YIN			MEMBER		
Street Address			City	State	Zip
60 PLAZA SI	יסניבית		CRANSTON	RI	02920
		ER OF THE LIMITED I	IABILITY COMPANY, IF APP		1 02320
. HAMDAID ADDIC		S BEFORE USING ATTA		RATTACHMENT)	
	ANY MODIFICATIONS	S TO MANAGERS REQUIRE	ES FILING OF AMENDMENT. R.I.G	S.L. 7-16-12 (a) (2) /	7-16-52
Manager Name			Manager Name		
SORATH YIN					<u></u> .
Street Address			Street Address		
60 PLAZA ST	REET				<u> </u>
City	State	Zıp	City	State	Zip
CRANSTON	RI	02920			
Munuger Name			Manager Name		
Street Address			Street Address		
					1 2
City	State	Ζιρ	City	State	Zip
e promiser conse	TE DIMENT 101 45 P.	00 NOT ALTER Chaire	ensular filling of Form C42, 13 1 C	1 7 16 11	l
8. RESIDENT AGENT Agent Name	IN KHODE ISLAND	DO NOT ALTER - Changes	require filling of Form 642 - R.I.G	- 10-11 ما ۱۰	
SORATH YIN			Audress		
Address			City		Zıp
60 PLA%A ST	יטניניי		CRANSTON, RI 02920		'
			1 0.0.0.7	-· -	
'his report must be si j	gned in ink by an auth	orized person pursuant	10 7-16-66.		
File DateC Check No	16 04 1708		this report, including a and that all statements	ny accompanying st	irm that I have examined chedules and statements, e true and correct. 1014/04 Date
	Ψ		SOKATH Print or Type Name of As	uthorized Person	
FOR SECRETARY OF STATE USE ONLY			Frint or Type Name of At	umorizea rerson	Form 632 Rev

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222 3040

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)

2 Exact name of the lim	Exact name of the limited liability company					
3 State of Formation 4. Brief description of the character of the business			de Island			
D SALE C	F PRODUCE					
		City	State	Zip		
TON AVENUE		CRANSTON	RI	02910		
S OF LIMITED LIAB	ILITY COMPANY AND N	AME OR TITLE OF CONTAC	T PERSON:			
		Contact Title				
		MEMBER				
	•	City	State	Zip		
REET		CRANSTON	RI	02920		
SS OF EACH MANA	GER OF THE LIMITED I.	IABILITY COMPANY, IF APP	LICABLE			
FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS ("X" BOX FOR	(ATTACHMENT)			
ANY MODIFICATION	NS TO MANAGERS REQUIRE					
Munager Name						
		Street Address	Street Address			
REET						
State	Zip	Ciţi	State	Zip		
RI	02920					
		Manuger Name	Manuger Name			
Street Address						
State	Zip	City	State	Zip		
IN RHODE ISLAND	DO NOT ALTER - Changes	require filing of Form 642 - R.1.G	.L. 7-16-11			
		Address				
		City		Zιρ		
REET		CRANSTON,	CRANSTON, RI 02920			
	ALL SEASON 1. Briefdescrip SALE O TON AVENUE SOF LIMITED LIAB REET SSS OF EACH MANAFILL IN SPACE ANY MODIFICATION REET State RI State RI State IN RHODE ISLAND	TON AVENUE SOF LIMITED LIABILITY COMPANY AND N. REET ESS OF EACH MANAGER OF THE LIMITED I. FILL IN SPACES BEFORE USING ATTA- ANY MODIFICATIONS TO MANAGERS REQUIRE REET State RI State Zip 02920 State Zip IN RHODE ISLAND - DO NOT ALTER - Changes	ALL SEASON PRODUCE 4. Brief description of the character of the business which is actually conducted in Rho SALE OF PRODUCE City CRANSTON CRANSTON SOF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT Contact Title MEMBER City CRANSTON SS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APP FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.C. Manager Name Street Address REET State Zip City State Zip City IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.C. Address City City	ALL SEASON PRODUCE A. Brief description of the character of the business which is actually conducted in Rhode Island		

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

File Date	10	Q	04	
Check No		170	28_	
Ву:		D#	4	
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. 10/4/04

CLATH Print or Type Name of Authorized Person

Form 632 Rev. 6/02

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State .

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR I	PRINTED IN BLACK)					
1. ID No. 556-7 2	Exact name of the limite	d liability company				
	ALL SEASON	PRODUCE, LLC	•			
3 State of Formation 4. Brief description of the character of the business w			ess which is actually conducted in Rhode	Island	 	
RHODE ISLAND	SALE OF	PRODUCE				
5 Principal office address			City	State	Zıp	
570 WELLINGTO	ON AVENUE		CRANSTON	RI	02910	
6. MAILING ADDRESS O	F LIMITED LIABII	JITY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name			Contact Title	Contact Title		
SORATH YIN			MEMBER	MEMBER		
Street Address			City	State	Zip	
P.O. BOX 7290	06		PROVIDENCE	RI	02907	
7. NAME AND ADDRESS	OF EACH MANAG	ER OF THE LIMITED LI	IABILITY COMPANY, IF APPLI	ICABLE		
		S BEFORE USING ATTA		ITTACHMENT) [
	ANY MODIFICATIONS	TO MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I.G.L	7-16-12 (a) (2) / 7-	16-52	
Manager Name			Manager Name	Manager Name		
SORATH YIN						
Street Address			Street Address	Street Address		
60 PLAZA STRI						
City	State	Zip	City	State	Zip	
CRANSTON	RI	02920				
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
						
City:	State	Zip	City	State	Zip	
<u>-</u>	_					
	RHODE ISLAND - 6	DO NOT ALTER - Changes i	require filing of Form 642 - R.I.G.L	7-16-11	1. 71	
Agent Name			Address			
Address			City		Zip	
<u> </u>						

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

File Date	12-19-02
Check No	1136
Ву:	Qu

Under penalty of penjury, I declare and affirm that I have examined this report, juding any accompanying schedules and statements, statements contained herein are true and correct. and that all Print or Type Name of Authorized Person Form 632 Rev. 6/02

STF RM2680F

To be filed annually between September 1 and November 1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY					
ID Number	105560	Annual Report for the year 2001			
	of the limited liability company	y is:			
ALL SE	ASON PRODUCE, LLC				
2. The addre	ss of the principal office of the	limited liability company is:			
570 WE	LLINGTON AVENUE, CR	RANSTON, RI 02910			
3. The state	or other jurisdiction under the l	aws of which it is formed is: RHODE ISLAND			
4. The name and address of its resident agent is: SORATH YIN					
	ZA STREET, CRANSTON				
	_	d liability company and the name or title of a person to whom communications 906, PROVIDENCE, RI 02907			
•					
	tement of the character of the t	business in which the limited liability company is actually engaged in this state:			
7. If the limit	ed liability company has mana	gers, list the name and address of each manager:			
	Name	Address			
_		· <u> </u>			
		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.			
Date:	/30/01	ALL SEASON PRODUCE, LLC Exact Name of Limited Liability Company			
	10-31-01	- Comt wi			
	CK# loto	By Sorath Yim Member			
Form No. 632 Revised: 01/99	7.	MEMBER MEMBER Title			

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

	LIMITED LIABILITY COMPANY						
ID	Number	05569	Annual Report for the year				
1.		e limited liability compa Season Produce, LI					
2.	The address of the principal office of the limited liability company is: 570 Wellington Avenue, Cranston, RI 02910						
3. 4.	The state or other jurisdiction under the laws of which it is formed is: Rhode Island The name and address of its resident agent is: Sorath Yin						
5.	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: P.O. Box 72906, Providence, RI 02907						
6.	state: Sale	of Produce	the business in which the limited liability company is actually engaged in this				
7.		bility company has ma	nagers, list the name and address of each manager: Address				
Di	ate: 10/3	0/2000 / / 8 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. All Season Produce, LLC Exact Name of Limited Liability Company By				
	2	(Member President				

Form No. 632 Revised 01/99