	State of Rhode Island Office of the Secretary of Stat	Fee: \$50.0 <b>e</b>
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615 (401) 222-3040	
HOPE	(+01) 222-30+0	
imited Liability Con	npany	
Annual Report Filing Period: September 1	- November 1	
	. 7-16-66(d), each limited liability company failing o	or refusina
	in thirty (30) days after the time prescribed by law	
6-66(b&c)) is subject to a	penalty fee of \$25.00.	
ANNUAL REPORT YEAR	: <u>2020</u>	
1. ID No. <u>00166198</u>	<u>8</u>	
2. Exact Name of the L	imited Liability Company Sodexo CTM LLC	
3. State of Formation		
State: <u>OH</u>		
-	ARTICLE III Code that best describes the primary business co	nducted by the entity. Download
-		nducted by the entity. Download
the list of codes <u>here.</u> Mo <u>811310</u>	Code that best describes the primary business co	
the list of codes <u>here.</u> Mo <u>811310</u>	Code that best describes the primary business co re information on <u>NAICS</u> can be found online.	
the list of codes <u>here.</u> Mo <u>811310</u> 4. Brief Description of tl	Code that best describes the primary business co re information on <u>NAICS</u> can be found online.	
the list of codes <u>here.</u> Mo <u>811310</u> 4. Brief Description of th <u>CONTRACT SERVICE</u>	Code that best describes the primary business co re information on <u>NAICS</u> can be found online.	
the list of codes <u>here.</u> Mo <u>811310</u> 4. Brief Description of th <u>CONTRACT SERVICE</u> 5. Principal Office Addre	Code that best describes the primary business co re information on <u>NAICS</u> can be found online. <b>The Character of the Business Which is Actually</b> <u>ES</u>	
the list of codes <u>here.</u> Mo <u>811310</u> 4. Brief Description of th <u>CONTRACT SERVICE</u> 5. Principal Office Addre No. and Street: <u>9801 W</u>	Code that best describes the primary business co re information on <u>NAICS</u> can be found online. The Character of the Business Which is Actually ES ASHINGTONIAN BOULEVARD	Conducted in Rhode Island
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the list of codes <u>here.</u> Mo <u>811310</u> 4. Brief Description of the <u>CONTRACT SERVICE</u> 5. Principal Office Address No. and Street: <u>9801 W</u> City or Town: <u>GAITH</u> 6. Mailing Address of Lite Contact Name: Contact No. and Street: <u>P</u>	Code that best describes the primary business co re information on <u>NAICS</u> can be found online. The Character of the Business Which is Actually <u>ES</u> <u>ASHINGTONIAN BOULEVARD</u> <u>ERSBURG</u> State: <u>M</u> mited Liability Company and Name or Title of Title: <u>O BOX 352</u>	Conducted in Rhode Island <u>ID</u> Zip: <u>20878</u> Country: <u>USA</u> Contact Person:
the list of codes <u>here.</u> Mo <u>811310</u> <b>4. Brief Description of th</b> <u>CONTRACT SERVICE</u> <b>5. Principal Office Addre</b> No. and Street: <u>9801 W</u> City or Town: <u>GAITH</u> <b>6. Mailing Address of L</b> i Contact Name: Contact No. and Street: <u>P</u> City or Town: <u>B</u>	Code that best describes the primary business co re information on <u>NAICS</u> can be found online. The Character of the Business Which is Actually ES ES ES ASHINGTONIAN BOULEVARD ERSBURG State: <u>M</u> mited Liability Company and Name or Title of Title: <u>O BOX 352</u> <u>UFFALO</u> State: <u>NY</u> Zip: <u>142</u>	Conducted in Rhode Island   ID Zip: 20878   Contact Person:   40 Country: USA
the list of codes <u>here.</u> Mo <u>811310</u> <b>4. Brief Description of th</b> <u>CONTRACT SERVICE</u> <b>5. Principal Office Addre</b> No. and Street: <u>9801 W</u> City or Town: <u>GAITH</u> <b>6. Mailing Address of L</b> i Contact Name: Contact No. and Street: <u>P</u> City or Town: <u>B</u>	Code that best describes the primary business correlation on NAICS can be found online.   The Character of the Business Which is Actually   ES   ES   ESS   ASHINGTONIAN BOULEVARD   ERSBURG State: M   mited Liability Company and Name or Title of   Title:   O BOX 352   UFFALO State: MY   Zip: 142   f Each Manager of the Limited Liability Compare	Conducted in Rhode Island   ID Zip: 20878   Contact Person:   40 Country: USA
the list of codes <u>here.</u> Mo <u>811310</u> 4. Brief Description of the <u>CONTRACT SERVICE</u> 5. Principal Office Addres No. and Street: <u>9801 W</u> City or Town: <u>GAITH</u> 6. Mailing Address of Lite Contact Name: Contact No. and Street: <u>P</u> City or Town: <u>B</u> 7. Name and Address of Contact Name and Contac	Code that best describes the primary business correlation on NAICS can be found online.   The Character of the Business Which is Actually   ES   ES   ESS   ASHINGTONIAN BOULEVARD   ERSBURG State: M   mited Liability Company and Name or Title of   Title:   O BOX 352   UFFALO State: MY   Zip: 142   f Each Manager of the Limited Liability Compare	Conducted in Rhode Island   ID Zip: 20878   Contact Person:   40 Country: USA

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 1 Day of October, 2020 at 11:15:23 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>GREG STEELE</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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