HOPE	State of Rhode Office of the Secreta Division Of Business 148 W. River St Providence RI 0290	ry of State Services treet	Fee: \$50.00
HOPE	148 W. River St Providence RI 0290	treet	
HOPE		14-201.)	
	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001669223</u>	<u>3</u>		
2. Exact Name of the Li	mited Liability Company <u>Utz Qual</u>	ity Foods, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
0	Code that best describes the primary re information on <u>NAICS</u> can be found		by the entity. Download
<u>424410</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduc	ted in Rhode Island
WHOLESALER OF SN	JACK FOODS		
5. Principal Office Addre	SS		
	<u>0 HIGH STREET</u> ANOVER State: <u>PA</u>	<u>A</u> Zip: <u>17331</u>	Country: <u>USA</u>
6. Mailing Address of Lin	mited Liability Company and Name	or Title of Contact	Person:
	Title: <u>HIGH STREET</u> NOVER State: PA	Zip: 17331	Country: USA
,	F Each Manager of the Limited Liab		<u> </u>
(. Name and Address of	-		
DO NOT LIST MEMBE	KO		
	RS Individual Name First, Middle, Last, Suffix		Idress

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

REGISTERED AGENT SOLUTIONS, 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 27 Day of October, 2020 at 3:01:41 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 <u>DYLAN B. LISSETTE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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