



State of Rhode Island

Department of State - Business Services Division

FILED

NOV 09 2020

BY 


Annual Report for the year: 2019

Limited Liability Company

→ 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 001688832		2. Exact name of the Limited Liability Company SARSHA M GIBBONS DISTRIBUTION LLC			
3. NAICS Code 484110		4. Brief description of the character of business conducted in Rhode Island BREAD DISTRIBUTION			
5. State of Formation RI					
6. Principal Office Address 32 CAPITOL STREET			City JOHNSTON	State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name SARSHA GIBBONS			Contact Title		
Street Address 32 CAPITOL STREET			City JOHNSTON	State RI	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
<i>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.</i>					
Name of Authorized Person SARSHA GIBBONS				Date 9/23/20	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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