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

Corporations Div.
100 North Main St
Providence, RI 02903-1
401.222.3

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.	2. Exact name of the limited liability company
128892	Sysco Food Services of Connecticut, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	WHOLESALE FOOD DISTRIBUTION

5. Principal office address: 1390 ENCLAVE PARKWAY | City: HOUSTON | State: TX | Zip: 77077

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name: MICHAEL C. NICHOLS | Contact Title: MANAGER

Street Address: 1390 ENCLAVE PARKWAY | City: HOUSTON | State: TX | Zip: 77077

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
MICHAEL C. NICHOLS	1390 ENCLAVE PARKWAY	HOUSTON	TX	77077
WILLIAM HOLDEN	1390 ENCLAVE PARKWAY	HOUSTON	TX	77077
JAMES M. DANAHY	1390 ENCLAVE PARKWAY	HOUSTON	TX	77077

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

Agent Name: CAPITOL CORPORATE SERVICES, INC. | Address: 30 LAWN STREET | City: PROVIDENCE | Zip: 02908-

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

[redacted]

File Date 10/26/05 *128892*

Check No. 89645

By: CCT

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 of Authorized Person *Date* 10/21/05

[redacted]

Michael C. Nichols, Manager
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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

Corporations Dept.
100 North Main St.
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	*2. Exact name of the limited liability company:*
128892	Sysco Food Services of Connecticut, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
DELAWARE	WHOLESALE FOOD DISTRIBUTION

5. Principal office address: 1390 ENCLAVE PARKWAY | *City*: HOUSTON | *State*: TX | *Zip*: 77077

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name: MICHAEL C. NICHOLS | *Contact Title*: MANAGER

Street Address: 1390 ENCLAVE PARKWAY | *City*: HOUSTON | *State*: TX | *Zip*: 77077

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
MICHAEL C. NICHOLS	1390 ENCLAVE PARKWAY	HOUSTON	TX	77077
WILLIAM HOLDEN	1390 ENCLAVE PARKWAY	HOUSTON	TX	77077
JAMES M. DANAHY	100 INWOOD ROAD	ROCKY HILL	CT	06067

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

Agent Name: CAPITOL CORPORATE SERVICES, INC. | *Address*: 30 LAWN STREET | *City*: PROVIDENCE | *Zip*: 02908-

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

[redacted] [redacted]

* 128892 *

File Date 10/7/04
Check No 065864
By VS

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

OCT 0 1 2004

Signature of Authorized Person *Date*

Michael C. Nichols

Print or Type Name of Authorized Person

Form 632 Rev. 1003

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 2003

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
128892	Sysco Food Services of Connecticut, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	WHOLESALE FOOD DISTRIBUTION

5. Principal office address	City	State	Zip
615 SOUTH DUPONT HIGHWAY	DOVER	DE	19901-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
MICHAEL C. NICHOLS	MANAGER

Street Address	City	State	Zip
1390 ENCLAVE PARKWAY	HOUSTON	TX	77077-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
MICHAEL C. NICHOLS	1390 ENCLAVE PARKWAY	HOUSTON	TX	77077
Manager Name	Street Address	City	State	Zip
WILLIAM HOLDEN	1390 ENCLAVE PARKWAY	HOUSTON	TX	77077
Manager Name	Street Address	City	State	Zip
JAMES M. DANAHY	100 INWOOD ROAD	ROCKY HILL	CT	06067

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

Agent Name	Address	City	Zip
CAPITOL CORPORATE SERVICES, INC.	30 LAWN STREET	PROVIDENCE	02908-

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

[redacted] 128892 [redacted]

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 of Authorized Person — *Date* 9/30/03

[redacted] Michael C. Nichols

Print or Type Name of Authorized Person

128892 FLLC 09/26/03 04:38:09 PM

File Date 11/7/03

Check No. 009021

By:

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02