

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2005

EXIVITY ED ET Filing Period: Septer (FORM MUST BE TYPED	nber I -	November 1 •	AINY AININUAI Filing Fee: \$50.00	L REPORT FOR	THE YEAR	2005
1. ID No. 2. Exact name of the limited liability company				<del></del> -		
128893		ith-Sysco Food Se	• •			
3 State of Formation				ubich is actually conducted in Rh	ode Island	·
DELAWARE			OD DISTRIBUTION	•		
5 Principal office address			<del></del>	City	State	Zíp
1390 ENCLAVE	PARK	WAY		HOUSTON	TX	77077
6. MAILING ADDRE	SS OF L	MITED LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTAC	T PERSON:	· <del></del>
Contact Name MICHAEL C. N				Coniaci Tule MANAGER		
Street Address 1390 ENCLAVE	PARK		,	City HOUSTON	State TX	<i>Ζφ</i> 77077
AN Manager Name	Y MODII	FILL IN SPACES	S BEFORE USING AT	FILING OF AMENDMENT,  Manager Name	FOR ATTACHMENT R.I.G.L. 7-16-12 (	
MICHAEL C. N	II CHOL:	S		THAIRE B. BRY	ANT	
Street Address 1390 ENCLAVE	PARK	WAY		Street Address 1390 ENCLAVE	PARKWAY	· · · · · · · · · · · · · · · · · · ·
City HOUSTON		State TX	<i>Ζφ</i> 77077	City HOUSTON	State TX	<i>Σφ</i> 77077
Manager Name WILLIAM HOLD	EN	*******************************	•••••••••••••••••••••••••••••••••••••••	Мападст Name		
Street Address 1390 ENCLAVE	PARK	——————————————————————————————————————		Street Address		
City HOUSTON		State TX	<i>Σφ</i> 77077	City	State	Zip
8. RESIDENT AGENT	I IN RH	DDE ISLAND - DO	NOT ALTER · Chang	es require filing of Form	642 - R.I.G.L. 7-1	6-11
CAPITOL CORPORAT	E SERVIC	CES, INC.				
Address		·· ·		Cuty		Ziρ
30 LAWN STREET			PROVIDENCE	02000		

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

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Check No.  By:	· · · · · · · · · · · · · · · · · · ·	W	
1	FOR SECRI	ETARY OF STATE USE ONLY	

including any accompany ing so	lare and affirm that I have examined this report, thedules and statements, and that all statements,
contained herein and true and co	orrect.
	10/21/05
Signature of Afthorized Person	Date
Manager	Michael C. Nichols
Print or Type Name of Authorized	d Person



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

100 North Main Street

Providence, RI 02903-1335 401.222.3040

Corporations Division

Matthew A. Brown, Secretary of State

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $\_$

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. 1/2 No 2. Exact name of the limited liability company 128893 Hallsmith-Sysco Food Services, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE FOOD DISTRIBUTION **DELAWARE** 5 Principal office address City State 1390 ENCLAVE PARKWAY HOUSTON TX 77077 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL C. NICHOLS MANAGER Street Address State 1390 ENCLAVE PARKWAY 77077 HOUSTON TX 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 Manager Name MICHAEL C. NICHOLS THAIRE B. BRYANT Street Address Street Address 1390 ENCLAVE PARKWAY 1390 ENCLAVE PARKWAY City HOUSTON 77077 TX HOUSTON 77077 Manager Name WILLIAM HOLDEN Manager Name Street Address Street Address 1390 ENCLAVE PARKWAY City City State 7.Ip HOUSTON TX 77077 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.1.G.L. 7-16-11 Address CAPITOL CORPORATE SERVICES, INC. Zip **30 LAWN STREET PROVIDENCE** 02908-

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



File Date 10704
Check No065865
By:
FOR SECRETARY OF STATE USE ONLY

Juder penalty of perjury, I declare an	d affirm that I have examined this rep	ort.
ncluding any accompanying schedule	d affirm that I have examined this repes and statements, and that all stateme	nts.
contained herein are to carry correct.		
M/I/I	OPT B 1 2016	
	117 1 31 2 12714	

Date

Print or Type Name of Authorized Person



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

1.10 No	(FORM MUST BE TYP	ED OR PRINTED IN BI	ACK)				
3. Saite of Formation DELAWARE 4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE FOOD DISTRIBUTION  5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Nome MICHAEL C. NICHOLS  Street Address  City TX 77077-  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED USED TO THE LIMITED USED TO THE PROPERTY OF THE PROPERT	1. ID No.	2. Exact name of the li	mited liabilty company				
DELAWARE  S. Principal office address 615 SOUTH DUPONT HIGHWAY  DOVER  DE 19901-  S. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Coniact Name MICHAEL C. NICHOLS  STREET Address  T. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IT 77077-  T. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IT 77077-  T. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IT 77077-  T. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IT 77077-  ANY MODIFICATIONS TO MANAGER SEQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) 17-16-52  Manager Name  MICHAEL C. NICHOLS  THAIRE B. BRYANT  Street Address  1390 ENCLAVE PARKWAY  1390 ENCLAVE PARKWAY  1390 ENCLAVE PARKWAY  HOUSTON TX 77077  Manager Name  WILLIAM HOLDEN  Street Address	L	1	• -			_	
State   Stat	3. State of Formation	4. Brief descri	ption of the character of the l	business which is actually conducted	d in Rhode Island	<del>-</del>	
6.15 SOUTH DUPONT HIGHWAY    DOVER   DE   19901-	DELAWARE	WHOLESAL	FOOD DISTRIBUTIO	N			
615 SOUTH DUPONT HIGHWAY  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Coniact Title  Coniact Title  Coniact Title  Coniact Title  MANAGER  Street Address  City  HOUSTON  TX  77077-  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS  FILL IN SPACES BEFORE USING ATTACHMENTS  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  MICHAEL C. NICHOLS  THAIRE B. BRYANT  Street Address  1390 ENCLAVE PARKWAY  City  Monager Name  MICHAEL  City  Monager Name  MICHAEL  City  State  Zip  City  Monager Name  MILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City  Monager Name  MILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City  State  Zip  City  Monager Name  MILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City  State  Zip  Address  Address  30 LAWN STREET  Address  Address  Address  Address  130 LAWN STREET	, ~		<del></del> :	Ciry	State	Zip	
Contact Name MICHAEL C. NICHOLS  Street Address 1390 ENCLAVE PARKWAY  TO 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 MICHAEL C. NICHOLS  Street Address  1390 ENCLAVE PARKWAY  1390 ENCLAVE PARKWAY  1390 ENCLAVE PARKWAY  1390 ENCLAVE PARKWAY  TX 77077  HOUSTON  Manager Name WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  Street Address  1390 ENCLAVE PARKWAY  TX 77077  Manager Name WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  Street Address  1390 ENCLAVE PARKWAY  TX 77077  Street Address  30 LAWN STREET  Address  Address  Address  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP  ZIP  Z	615 SOUTH DUP	ONT HIGHWAY		DOVER	DE	*	
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Street Address 1390 ENCLAVE PARKWAY  TX  TX  TOTOTO  TX  TX  TOTOTO  TX  TX	Contact Name						
1390 ENCLAVE PARKWAY  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) I 7-16-52  Manager Name  MICHAEL C. NICHOLS  THAIRE B. BRYANT  Street Address  1390 ENCLAVE PARKWAY  City HOUSTON TX  77077  HOUSTON  Manager Name  WILLIAM HOLDEN  Street Address  Address  City HOUSTON TX  77077  Resident Address  Street Add	MICHAEL C. NI	CHOLS		.MANAGER			
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  MICHAEL C. NICHOLS  THAIRE B. BRYANT  Street Address  1390 ENCLAVE PARKWAY  1390 ENCLAVE PARKWAY  Manager Name  WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City  Manager Name  WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City  State  WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City  State  WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City  State  Address  City  State  Zip  Address  Address  CAPITOL CORPORATE SERVICES, INC.  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi				City	State	Zip	
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52  Manager Name  MICHAEL C. NICHOLS  THAIRE B. BRYANT  Street Address  Street Address  Street Address  City HOUSTON TX 77077  Manager Name  WILLIAM HOLDEN  Street Address  Street Address  Street Address  Street Address  Street Address  City Manager Name  WILLIAM HOLDEN  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Address  Address  CAPITOL CORPORATE SERVICES, INC.  Address  City Zip Address  Address  Address  Address  Address  City Zip  Address  CAPITOL CORPORATE SERVICES, INC.  Address  City Zip Zip Zip Zip Address	1390 ENCLAVE	PARKWAY		HOUSTON	TX	77077-	
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52  Manager Name  MICHAEL C. NICHOLS  THAIRE B. BRYANT  Street Address  Street Address  Street Address  City HOUSTON TX 77077  Manager Name  WILLIAM HOLDEN  Street Address  Street Address  Street Address  Street Address  Street Address  City Manager Name  WILLIAM HOLDEN  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Address  Address  CAPITOL CORPORATE SERVICES, INC.  Address  City Zip Address  Address  Address  Address  Address  City Zip  Address  CAPITOL CORPORATE SERVICES, INC.  Address  City Zip Zip Zip Zip Address	7. NAME AND AD	DRESS OF EACH N	IANAGER OF THE L	IMITED LIABILITY COM	PANY, IF APPLI	CABLE	
Manager Name		FILL INS	PACES BEFORE USING				
MICHAEL C. NICHOLS  Street Address  1390 ENCLAVE PARKWAY  City HOUSTON TX 77077  Manager Name  WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City Manager Name  WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City Manager Name  WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City HOUSTON TX 77077  8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filling of Form 642 - RI.GL 7-16-11; Agent Name  CAPITOL CORPORATE SERVICES, INC.  Address  Address  30 LAWN STREET	<u>-</u>	ANY MODIFICATIONS	TO MANAGERS REQUIR	RES FILING OF AMENDMENT. I	R.I.G.L 7-16-12 (a) (2	2) / 7-16-52	
Street Address  1390 ENCLAVE PARKWAY  City HOUSTON TX 77077 HOUSTON TX 77077 HOUSTON Manager Name WILLIAM HOLDEN  Street Address 1390 ENCLAVE PARKWAY  City Manager Name  WILLIAM HOLDEN  Street Address 1390 ENCLAVE PARKWAY  City State TX 77077  State City TX 77077  RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11  Agent Name  CAPITOL CORPORATE SERVICES, INC.  Address  Capital Corporate Services and the street of the state of the st	Manager Name			· Manager Name			
1390 ENCLAVE PARKWAY  City HOUSTON TX 77077 HOUSTON TX 77077 HOUSTON TX 77077  Manager Name WILLIAM HOLDEN  Street Address 1390 ENCLAVE PARKWAY  City HOUSTON TX 77077  Street Address 1390 ENCLAVE PARKWAY  City HOUSTON TX 77077  8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - RI.GL 7-16-11:  Address  CAPITOL CORPORATE SERVICES, INC.  Address  City Zip	MICHAEL C. NI	CHOLS		THAIRE B. BRYANT			
City State TX 77077 City State TX 77077 HOUSTON TX 77077  Manager Name WILLIAM HOLDEN  Street Address 1390 ENCLAVE PARKWAY  City State Zip City State Zip HOUSTON TX 77077  8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - RI.GL 7-16-11:  Agent Name CAPITOL CORPORATE SERVICES, INC.  Address  Capitol City Zip  Address 30 Lawn STREET	Street Address			· Street Address	<del>-</del>		
HOUSTON TX 77077 HOUSTON TX 77077  Manager Name  WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City State Zip City State TX 77077  8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11:  Agent Name  CAPITOL CORPORATE SERVICES, INC.  Address  Address  City Zip  Zip  Zip  Zip  Zip  Zip	1390 ENCLAVE	PARKWAY		: 1390 ENCLAVE	E PARKWAY		
Manager Name  WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City HOUSTON TX 77077  8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11.  Agent Name  CAPITOL CORPORATE SERVICES, INC.  Address  City  Zip  Address  City  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	•	State	Zip	*City	State	Zip	
WILLIAM HOLDEN  Street Address  1390 ENCLAVE PARKWAY  City State Zip City State Zip HOUSTON TX 77077  8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11:  Agent Name CAPITOL CORPORATE SERVICES, INC.  Address  City Zip  Zip  Zip  Zip		TX	77077	HOUSTON	TX	77077	
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1390 ENCLAVE PARKWAY  City State Zip City State  HOUSTON TX 77077  8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11:  Agent Name  CAPITOL CORPORATE SERVICES, INC.  Address  City Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip		EN		•			
City 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  City  Zip  State Zip  Address  Address  City  Zip  Zip  Zip  Zip				·Street Address		· · · · · · · · · · · · · · · · · · ·	
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:  Address  CAPITOL CORPORATE SERVICES, INC.  Address  City  Zip				• 			
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Address  CAPITOL CORPORATE SERVICES, INC.  Address  City  Zip				·			
CAPITOL CORPORATE SERVICES, INC.  30 LAWN STREET  Address  Zip	8. RESIDENT AGEN	T IN RHODE ISLAN	D-DO NOT ALTER- Cha	inges require filing of Fo	orm 642 - R.I.G.L.	7-16-11	
Address City Zip	•	_		Address			
		PRATE SERVICES	, INC.	30 LAWN STREET			
PROVIDENCE 02908-	Address		·	City	· ·	Zip	
1 00000				PROVIDENCE		02908-	
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This report must be signed in ink by an authorized person pursuant to 7-16-66.

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