



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 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128893		2. Exact name of the limited liability company Hallsmith-Sysco Food Services, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island 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) <input type="checkbox"/> 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		Manager Name THAIRE B. BRYANT	
Street Address 1390 ENCLAVE PARKWAY		Street Address 1390 ENCLAVE PARKWAY	
City HOUSTON	State TX	City HOUSTON	State TX
Manager Name WILLIAM HOLDEN		Manager Name	
Street Address 1390 ENCLAVE PARKWAY		Street Address	
City HOUSTON	State TX	City	State
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	
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.



File Date	10/26/05	*128893*
Check No.	84646	
By:		
FOR SECRETARY OF STATE USE ONLY		

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



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Street Address 1390 ENCLAVE PARKWAY		City HOUSTON	State TX
		Zip 77077	
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Manager Name MICHAEL C. NICHOLS		Manager Name THAIRE B. BRYANT	
Street Address 1390 ENCLAVE PARKWAY		Street Address 1390 ENCLAVE PARKWAY	
City HOUSTON	State TX	City HOUSTON	State TX
Zip 77077		Zip 77077	
Manager Name WILLIAM HOLDEN		Manager Name	
Street Address 1390 ENCLAVE PARKWAY		Street Address	
City HOUSTON	State TX	City	State
Zip 77077		Zip	
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Agent Name CAPITOL CORPORATE SERVICES, INC.		Address	
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.



* 1 2 8 8 9 3 *

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 **OCT 01 2004**
Michael C. Nichols
Print or Type Name of Authorized Person

File Date	10/7/04
Check No.	065865
By:	12.
FOR SECRETARY OF STATE USE ONLY	



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Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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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)

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3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE FOOD DISTRIBUTION	
5. Principal office address 615 SOUTH DUPONT HIGHWAY		City DOVER	State DE Zip 19901-
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-
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City HOUSTON	State TX	City HOUSTON	State TX
Zip 77077		Zip 77077	
Manager Name WILLIAM HOLDEN		Manager Name	
Street Address 1390 ENCLAVE PARKWAY		Street Address	
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Agent Name CAPITOL CORPORATE SERVICES, INC.		Address 30 LAWN STREET	
Address		City PROVIDENCE	Zip 02908-

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



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File Date 09/26/03 11/12/03

Check No. 009022

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 9/30/03
Signature of Authorized Person Date
Michael C. Nichols
Print or Type Name of Authorized Person