



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 000559949

**2. Exact Name of the Limited Liability Company** PEPSI-COLA NATIONAL MARKETING, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541860

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PER CHUCK MUELLER (10/8/2014)

PEPSI-COLA NATIONAL MARKETING, LLC IS A SINGLE MEMBER LLC THAT IS OWNED BY

PEPSI-COLA ADVERTISING AND MARKETING, INC. (PCAM). IT WAS FORMED NOVEMBER

3, 2010 IN ORDER TO MEET A RESTRUCTURING NEED OF THE BUSINESS. FOR MANAGEMENT REPORTING PURPOSES A BUNCH OF PEOPLE MOVED FROM THE PCNA WORLD

OVER TO THE BOTTLING WORLD. AT THE TIME WE HAD 2 PAYROLL SERVICE PROVIDERS,

ADP AND HEWITT. NEITHER ONE OF THEM WOULD AGREE TO CONSOLIDATE INFORMATION

FROM THE OTHER INTO A CONSOLIDATED SUI OR W-2 FILING FOR PCAM. SO WE FORMED

THIS NEW ENTITY IN ORDER TO PAY PEOPLE THAT MOVED. BECAUSE IT IS A SINGLE MEMBER LLC IT IS DISREGARDED FOR TAX PURPOSES AND THE INCOME AND EXPENSE

FLOWS DIRECTLY INTO PCAM. BECAUSE IT HAS ITS OWN FEIN IT WAS ABLE TO PAY

THE PEOPLE THAT MOVED OVER. THIS ALL FALLS UNDER FELITIA LEE UP IN SOM

**5. Principal Office Address**

No. and Street: PEPSICO NORTH AMERICA BEVERAGES  
1111 WESTCHESTER AVENUE

City or Town: WHITE PLAINS

State: NY Zip: 10604 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: PEPSICO NORTH AMERICA BEVERAGES  
1111 WESTCHESTER AVENUE

City or Town: WHITE PLAINS

State: NY Zip: 10604 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**  
**DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	JARRELL BETHARD W	PEPSICO NORTH AMERICA BEVERAGES1111 WESTCHESTER AVENUE WHITE PLAINS, NY 10604 USA
MANAGER	ADA CHENG	PEPSICO NORTH AMERICA BEVERAGES1111 WESTCHESTER AVENUE WHITE PLAINS, NY 10604 USA
MANAGER	CHRISTINE GRIFF	PEPSICO NORTH AMERICA BEVERAGES1111 WESTCHESTER AVENUE WHITE PLAINS, NY 10604 USA
MANAGER	MEGAN HURLEY M	PEPSICO NORTH AMERICA BEVERAGES1111 WESTCHESTER AVENUE WHITE PLAINS, NY 10604 USA
MANAGER	CARLO MASSARO	PEPSICO NORTH AMERICA BEVERAGES1111 WESTCHESTER AVENUE WHITE PLAINS, NY 10604 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE ,  
RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 29 Day of September, 2021 at 1:13:12 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 KELLY LETTMANN  
Signature of Authorized Person

