State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office					
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040					
Limited Liability Company Annual Report Filing Period: February 1 - May 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: 2023					
1. ID No. <u>001675770</u>					
2. Exact Name of the Limited Liability Company Kraft Heinz Foods Company					
3. State of Formation					
State: <u>PA</u>					
ARTICLE III					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.					
<u>311900</u>					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
THE BUSINESS OF THE CORPORATION SHALL BE TO MANUFACTURE, PRODUCE, BUY, SELL					
AND GENERALLY DEAL IN FOOD AND GROCERY PRODUCTS AND GOODS, WARES, MERCHANDISE					
AND PERSONAL PROPERTY OF EVERY KIND AND DESCRIPTION AND, WITHOUT LIMITATION,					
TO ENGAGE IN, AND DO ANY AND ALL LAWFUL ACT CONCERNING ANY OR ALL					
LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE					
BUSINESS CORPORATION LAW OF THE COMMONWEALTH OF PENNSYLVANIA.					
5. Principal Office Address					
No. and Street: <u>1 PPG PLACE</u>					

City or Town:	<u>SUITE 3400</u> <u>PITTSBURGH</u>	State: <u>PA</u>	Zip: <u>15222</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: Co No. and Street:	ntact Title: <u>1 PPG PLACE</u> <u>SUITE 3400</u>				
City or Town:	<u>PITTSBURGH</u>	State: PA	Zip: <u>15222</u>	Country: <u>USA</u>	
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
<u>CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST</u> <u>PROVIDENCE</u> , <u>RI 02914</u>					
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					
Signed this 27 Day of March, 2023 at 8:09:08 AM by the authorized person. <i>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.</i>					
By <u>ADAM STEIMEL</u> Signature of Authorized Person					
Form No. 632 Revised 09/07					
© 2007 - 2023 State of Rhode Island All Rights Reserved					