

Annual Report for the year:  $\underline{^{2023}}$ **Limited Liability Company** 

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| 1. Entity ID Number<br>001745448                      | Exact name of the Limited Liability Company HTHM Supply LLC                                     |  |   |                      |
|---|---|--|---|----------------------|
| 3. NAICS Code<br>722310                               | Brief description of the character of business conducted in Rhode Island Distribution of meals. |  |   |                      |
| 5. State of Formation<br>Delaware                     |   |  |   |                      |
| 6. Principal Office Address                           | <u> </u>  | City   | State   | Zip                  |
| 289 Elm Street, Suite 102                             |   | Marlborough  | MA  | 01752                |
| 7. Mailing Address of Limite                          | d Liability Company and Name  | or Title of Contact Person                               |   |                      |
| Contact Name Christopher Webb                         |   | Contact Title Manager                                    |   |                      |
| Street Address 289 Elm Street, Suite 102              |   | City Marlborough   | State MA                                      | Zip <sub>01752</sub> |
| 8. The Resident Agent infor                           | mation currently of record with t   | ne RI Department of State is accur                       | ate. Changes require                          | filing Form 642.     |
| Under penalty of perjury, statements, and that all st | l declare and affirm that I have<br>atements contained herein ar                                | e examined this report, including<br>e true and correct. | any accompanying                              | g schedules and      |
| Name of Authorized Person                             |   |  | Date  |                      |
| Sebastian Meis  |   |  | 04/18/2023                                    |                      |
| Signature of Authorized Per                           | son   |  | <b>, , , , , , , , , , , , , , , , , , , </b> |                      |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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