

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2025 **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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001745448	HTHM Supply, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
722310	Distribution of meals.				
5. State of Formation					
Delaware					
6. Principal Office Address		City	State	Zip	
289 Elm Street, Suite 10	102 Marlborough		МА	01752	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Christopher Webb		Contact Title Manager			
Street Address 289 Elm Street, Suite 102		<sup>City</sup> Marlborough	State MA	<sup>Zip</sup> 01752	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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.					
Name of Authorized Person			Date		
Sebastian Meis		04/15/2025			
Signature of Authorized Person					

**FILED** 

APR 16 2025

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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