



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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 <u>001667126</u>		2. Exact name of the Limited Liability Company <u>All-Brand New England LLC</u>	
3. NAICS Code <u>424400</u>		4. Brief description of the character of business conducted in Rhode Island <u>Distribute food and food related paper goods to the nursery school and adult day care market</u>	
5. State of Formation <u>MA</u>			
6. Principal Office Address <u>250 Canal St</u>		City <u>Luxrence</u>	State <u>MA</u> Zip <u>01840</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Greg Miller</u>		Contact Title <u>Partner / Owner</u>	
Street Address <u>PO Box 726</u>		City <u>N. Andover</u>	State <u>MA</u> Zip <u>01845</u>
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 <u>Greg Miller</u>		Date <u>5/15/25</u>	
Signature of Authorized Person <u>Greg Miller</u>			

MAIL TO:

Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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