

State of Rhode Island

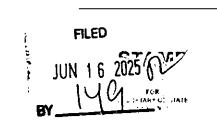
Department of State - Business Services Division

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.



Entity ID Number	2. Exact name of the Limited Liability Company			
001694328	VOCS DISTRIBUTION, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
445291	bread distributor			
5. State of Formation				
Rhode Island	,			
6. Principal Office Address	<u> </u>	City	State	Zip
PO Box 721		Westerly	RI	02891
7. Mailing Address of Limite	ed Liability Company and Name or Title		<u>-</u>	
Contact Name William A. Nardone		Contact Title Agent		
Street Address 42 Granite Street		City Westerly	State RI	Zip 02891
8. The Resident Agent infor	mation currently of record with the RI	Department of State is acc	curate Changes requir	e filing Form 642.
	I declare and affirm that I have example tatements contained herein are true		ing any accompanyin	g schedules and
Name of Authorized Person Robert M. Vocat			Date	
		eatura	06/10/2025	
Signature of Authorized Pe			1	

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov