## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001621

Entity Name: UNITED NATURAL FOODS, INC.

**Current Principal Place of Business:** 

313 IRON HORSE WAY PROVIDENCE. RI 02908

**Current Mailing Address:** 

313 IRON HORSE WAY PROVIDENCE, RI 02908 US

FEI Number: 05-0376157 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 25, 2016

**Secretary of State** 

CC8749141833

Officer/Director Detail:

Title T, CFO, VP Title P, CEO

NameZECHMEISTER, MICHAELNameSPINNER, STEVEN L.Address313 IRON HORSE WAYAddress313 IRON HORSE WAYCity-State-Zip:PROVIDENCE RI 02908City-State-Zip:PROVIDENCE RI 02908

Title D Title S, VP

NameSPINNER, STEVEN LNameTRAFICANTI, JOSEPH JAddress313 IRON HORSE WAYAddress313 IRON HORSE WAYCity-State-Zip:PROVIDENCE RI 02908City-State-Zip:PROVIDENCE RI 02908

Title VP Title VP, COO

NameDZIKI, THOMAS A.NameGRIFFIN, SEAN F.Address313 IRON HORSE WAYAddress313 IRON HORSE WAYCity-State-Zip:PROVIDENCE RI 02908City-State-Zip:PROVIDENCE RI 02908

TitleVPTitleDIRECTORNameDORNE, ERIC A.NameROY, PETER A.

Address 313 IRON HORSE WAY

City-State-Zip: PROVIDENCE RI 02908

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City-State-Zip: PROVIDENCE RI 02908

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL ZECHMEISTER

VP, CFO, T

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name CLARK, DENISE M. Name GRAHAM, GAIL A.

Address 313 IRON HORSE WAY Address 313 IRON HORSE WAY

City-State-Zip: PROVIDENCE RI 02908 City-State-Zip: PROVIDENCE RI 02908

Title DIRECTOR, CHAIRMAN Title DIRECTOR

NameFUNK, MICHAEL S.NameHEFFERNAN, JAMES P.Address313 IRON HORSE WAYAddress313 IRON HORSE WAYCity-State-Zip:PROVIDENCE RI 02908City-State-Zip:PROVIDENCE RI 02908

Title DIRECTOR Title DIRECTOR

Name BATES, ANN TORRE Name ARTZ, ERIC F.

Address 313 IRON HORSE WAY Address 313 IRON HORSE WAY

City-State-Zip: PROVIDENCE RI 02908 City-State-Zip: PROVIDENCE RI 02908