

2015 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

Officer/Director Detail :

Title T, CFO, VP
Name SHAMBER, MARK E
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title D
Name SPINNER, STEVEN L
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title VP
Name DZIKI, THOMAS A.
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title VP
Name DORNE, ERIC A.
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title P, CEO
Name SPINNER, STEVEN L.
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title S, VP
Name TRAFICANTI, JOSEPH J
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title VP
Name GRIFFIN, SEAN F.
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title DIRECTOR
Name ROY, PETER A.
Address 313 IRON HORSE WAY
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: MARK E SHAMBER

T, CFO & VP

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHNIEDERS, RICHARD J.
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title DIRECTOR
Name GRAHAM, GAIL A.
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title DIRECTOR
Name HEFFERNAN, JAMES P.
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title DIRECTOR
Name CLARK, DENISE M.
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title DIRECTOR, CHAIRMAN
Name FUNK, MICHAEL S.
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title DIRECTOR
Name BATES, ANN TORRE
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908