

2025 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:** 81-1671598**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 D, CHAIRMAN, CEO
Name DOUGLAS, J. ALEXANDER MILLER
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
Name DUFRESNE, DAPHNE J.
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

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

Title DIRECTOR
Name ROBERTS BOYLAND, GLORIA
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title TREASURER
Name HART, DEVON J
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title CFO
Name TARDITI, MATTEO
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title DIRECTOR
Name MUEHLBAUER, JAMES L
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: MAHRUKH HUSSAIN**SECRETARY****04/18/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STAHL, JACK
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title VP
Name HYVARINEN, JODY
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title VP
Name MYRDAHL, KIMBERLY
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title DIRECTOR
Name BLAKE, LYNN
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

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

Title CHIEF ACCOUNTING OFFICER
Name ESPER, R. ERIC
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title DIRECTOR
Name MOHAMMAD, SHAMIM
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title PRESIDENT
Name MARTIN, LOUIS
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

Title SECRETARY
Name HUSSAIN, MAHRUKH
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908

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

Title VP
Name MARKARIAN, MICHAEL
Address 313 IRON HORSE WAY
City-State-Zip: PROVIDENCE RI 02908