

2026 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000012132

Entity Name: WALMART STARCO, LLC

Current Principal Place of Business:

1 CUSTOMER DR
BENTONVILLE, AR 72716

Current Mailing Address:

1 CUSTOMER DR
BENTONVILLE, AR 72716 US

FEI Number: 94-3491300

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

Authorized Person(s) Detail :

Title MANAGER
Name SANTORO, JEFF
Address 1 CUSTOMER DR
City-State-Zip: BENTONVILLE AR 72716

Title PRESIDENT/CEO
Name SANTORO, JEFF
Address 1 CUSTOMER DR
City-State-Zip: BENTONVILLE AR 72716

Title SENIOR VICE PRESIDENT
Name FENTON, CAREY
Address 1 CUSTOMER DR
City-State-Zip: BENTONVILLE AR 72716

Title SENIOR VICE PRESIDENT
Name RUSCHELL, JOSEPH
Address 1 CUSTOMER DR
City-State-Zip: BENTONVILLE AR 72716

Title VP
Name WIRTHLIN, SPENCER
Address 1 CUSTOMER DR
City-State-Zip: BENTONVILLE AR 72716

Title VICE PRESIDENT & ASSISTANT
 TREASURER
Name ALLEN, MATTHEW
Address 1 CUSTOMER DR
City-State-Zip: BENTONVILLE AR 72716

Title ASSISTANT SECRETARY
Name LITTLE, SARAH
Address 1 CUSTOMER DR
City-State-Zip: BENTONVILLE AR 72716

Title ASSISTANT SECRETARY
Name EDWARDS, GEOFFREY
Address 1 CUSTOMER DR
City-State-Zip: BENTONVILLE AR 72716

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SPENCER WIRTHLIN

VICE PRESIDENT

04/13/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date