



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
138 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 132440		2. Exact name of the limited liability company FAMILY CONVENIENCE MARKET LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A GROCERY STORE			
5. Principal office address 512 PRATIE AVE.		City PROVIDENCE	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROSALIA CASTILLO			Contact Title MANAGER		
Street Address 2 RIVERDALE AVE.		City WEST WARWICK	State RI	Zip 02893	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ROSALIA CASTILLO			Manager Name		
Street Address 2 RIVERDALE AVE.		Street Address			
City W. WARWICK	State RI	Zip 02893	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ROSALIA CASTILLO			Address		
Address 2 RIVERDALE AVENUE		City WEST WARWICK	Zip 02893-		

FILED

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).
OCT 03 2007

By AMF

11:34
11-38482

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Rosalia Castillo 09/17/07
Signature of Authorized Person Date

Rosalia Castillo
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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