



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(2)) is subject to a penalty fee of \$25.00.

1. ID No. <u>119086</u>		2. Exact name of the limited liability company <u>NORTH MAIN CONVENIENCE + DELI LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Retail grocery + DELI</u>	
5. Principal office address <u>210 NORTH ST</u>		City <u>WOONSOCKET</u>	State <u>RI</u>
		Zip <u>02895</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Xberka de Jesus</u>		Contact Title	
Street Address		City	State
			Zip
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 <u>Xberka de Jesus</u>		Manager Name	
Street Address <u>133 Trenton ST</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	City	State
	Zip <u>02860</u>		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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 SECRETARY OF STATE
 CORPORATIONS DIV
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

File Date OCT 08 2008

Check No. By 070175 140

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Xberka de Jesus 10-08-08
Signature of Authorized Person Date

Xberka de Jesus
Print or Type Name of Authorized Person