



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 2011

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. 324172		2. Exact name of the limited liability company VARGAS MARKET, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GROCERY STORE			
5. Principal office address 874 DEXTER STREET		City CENTRAL FALLS		State RI	Zip 02863
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ADYS M. PEREZ VARGAS			Contact Title MANAGER		
Street Address 309 OXFORD STREET		City PROVIDENCE		State RI	Zip 02905
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 ADYS M. PEREZ VARGAS			Manager Name		
Street Address 309 OXFORD STREET			Street Address		
City PROVIDENCE	State RI	Zip 02905	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 TAXPLUS, LLC			Address		
Address 112 RESERVOIR AVENUE			City PROVIDENCE		Zip 02907

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

324172

FILED

File Date	SEP 28 2011
Check No.	1874
By:	AV
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.

* Adys M. Perez Vargas 9/13/11
Signature of Authorized Person Date

ADYS M. PEREZ VARGAS

Print or Type Name of Authorized Person