



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. 419047		2. Exact name of the limited liability company TIENDA EL PAISANO, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PRODUCE DISTRIBUTION			
5. Principal office address 928 PLAINFIELD STREET			City JOHNSTON	State RI	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ALVARO ORTEGA			Contact Title MANAGER		
Street Address 246 DOUGLAS AVENUE			City PROVIDENCE	State RI	Zip 02908
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ALVARO ORTEGA			Manager Name		
Street Address 246 DOUGLAS AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02908	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			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).

419047

FILED

File Date	OCT 04 2011
Check No.	By <u>MMS</u> 304
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.

Alvaro Ortega 10/3/11  
Signature of Authorized Person Date

ALVARO ORTEGA

Print or Type Name of Authorized Person