



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. 559375		2. Exact name of the limited liability company INTERNATIONAL MARKET, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the business which is actually conducted in Rhode Island GROCERY STORE	
5. Principal office address 165 ARNOLD STREET		City WOONSOCKET	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MIGUEL A. PICHARDO		Contact Title MANAGER	
Street Address 200 BORDEN BLVD		City WOONSOCKET	State RI
		Zip 02895	
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 MIGUEL A. PICHARDO		Manager Name ANGEL M. PICHARDO	
Street Address 200 BORDEN BLVD		Street Address 200 BORDEN BLVD	
City WOONSOCKET	State RI	City WOONSOCKET	State RI
Zip 02895		Zip 02895	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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).

559375

FILED	
File Date	OCT 31 2011
Check No.	By <i>MAC</i>
By:	616
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.

Miguel A. Pichardo 10-27-2011
Signature of Authorized Person Date
MIGUEL A. PICHARDO
Print or Type Name of Authorized Person