



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. 161538		2. Exact name of the limited liability company Del Abbs Trading LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Export/Import Vegetables fruits			
5. Principal office address 181 Ostoleva Drive		City Providence	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ferdinand Rodriguez-Vega			Contact Title owner		
Street Address 181 Ostoleva Drive		City Prov.	State R.I.	Zip 02909	
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) ☐					
Manager Name Ferdinand Rodriguez-Vega			Manager Name		
Street Address 181 Ostoleva Drive			Street Address		
City Providence	State RI	Zip 02909	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			Address		
Address			City		Zip

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

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SECRETARY OF STATE
CORPORATIONS DIV
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FILED
NOV 03 2011
BY [Signature]

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.

Signature of Authorized Person

Date

Ferdinand Rodriguez-Vega
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY