RI SOS Filing Number: 201185614820 Date: 11/28/2011 4:00 PM

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* • **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, shall be subject to a penalty fee of $25.00.

1. ID #	2. Exact Name of the Limited Liability Company
311926	DiMare Seafood Marketplace, LLC

3. State of Formation	4. Brief description of the business which is actually conducted in Rhode Island
Rhode Island	Sale of food, beverage, and spirits at retail and any other lawful business permittted under law

5. Principal office address	City	State	Zip
2706 South County Trail	East Greenwich	RI	02818

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Fax
Kate LaBore	

Street Address	City	State	Zip
2706 South County Trail	East Greenwich	RI	02818

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	Manager Name
Kate LaBore	
Street Address	Street Address
2706 South County Trail	
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / 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

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

311926

FILED

File Date NOV 28 2011

Check No. By mmc

By: 3342

69983-3-696841

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* 11/21/11

Kate LaBore