



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 2010

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. 92878		2. Exact name of the limited liability company ALM SUPERMARKETS LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASING OF REAL PROPERTY			
5. Principal office address 54 JACONNET STREET			City NEWTON	State MA	Zip 02461
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT P RIVET			Contact Title CPA		
Street Address 54 JACONNET STREET			City NEWTON	State MA	Zip 02461
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 Robert Skorff			Manager Name		
Street Address 110 Mendolay Rd			Street Address		
City Newton	State MA	Zip 02459	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 CT CORPORATION SYSTEM			Address SUITE 301		
Address 10 Weybossett St 155 SOUTH MAIN STREET			City PROVIDENCE	Zip 02903	

2012 APR 30 AM 11:34
 SECRETARY OF STATE
 CORPORATIONS DIV

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

FILED

92878

APR 30 2012

BY 169609
11:34

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

[Signature] 4/30/2012
Signature of Authorized Person Date
Robert Skorff
Print or Type Name of Authorized Person