



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

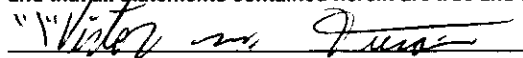
1. Entity ID No. 000486612		2. Exact name of the limited liability company BARON MARKET LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island GROCERY STORE			
5. Principal office address 77 UNION AVENUE			City PROVIDENCE	State RI	Zip 02909
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name VICTOR M DURAN			Contact Title MEMBER/MANAGER		
Street Address 64 GROVE AVE			City CRANSTON	State RI	Zip 02910
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name VICTOR M DURAN			Manager Name		
Street Address 64 GROVE AVE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
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 Form 642.					

2013 JAN 16 PM 12:26
 SECRETARY OF STATE
 DIVISION OF BUSINESS SERVICES

FILED 1220
 JAN 16 2013
 BY DL 187692

File Date _____
Check No _____
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.


 Signature of Authorized Person Date **1-16-13**

VICTOR M DURAN
 Print or Type Name of Authorized Person