



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 2013

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. 789735		2. Exact name of the limited liability company GARCIA CHICO LLC.			
3. State of Formation R.I.		4. Brief description of the character of business conducted in Rhode Island Grocery Store			
5. Principal office address 512 PRAIRIE AV		City PROV.	State R.I.	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CRISTINA OTANO		Contact Title Manager			
Street Address 50 PAYTON ST PROVIDENCE R.I.		City PROV.	State R.I.	Zip 02905	
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 Cristina Otano		Manager Name			
Street Address 50 Payton St		Street Address			
City Providence	State R.I.	Zip 02905	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.					

FILED

OCT 31 2013

BY CA 209753

2013 OCT 31 PM 3:55
 SECRETARY OF STATE
 CORPORATIONS DIV

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.

Cristina Otano 10/31/13
 Signature of Authorized Person Date

CRISTINA OTANO
 Print or Type Name of Authorized Person