

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. 135416	2. Exact na TIENDA	2. Exact name of the limited liability company TIENDA Y PANADERIA EL QUICHE, LLC				
3. State of Formation RHODE ISLAND	4. Brief des	4. Brief description of the character of business conducted in Rhode Island ALL KIND OF GUATEMALAN GROCERY				
5. Principal office address 1076 CHALKSTONE AVENUE			City PROVIDENCE	State RI	Zip 02908	
. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:	www.kirta.com.com	
Contact Name BYRON JUAREZ			Contact Title MANAGER			
Street Address 38 HERSCHEL STREET			City PROVIDENCE	State RI	Zip 02909	
. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBER	
danager Name BYRON JUAREZ				Manager Name		
			Manager Name			
BYRON JUAREZ treet Address	REET		Manager Name Street Address			
BYRON JUAREZ treet Address 18 HERSCHEL STR ity	State	Zip 02909		State	Zip	
BYRON JUAREZ treet Address 18 HERSCHEL STR ty PROVIDENCE	State	Zip 02909	Street Address	State	Zip	
BYŘON JUAREZ treet Address 88 HERSCHEL STR ity PROVIDENCE anager Name	State	Zip 02909	Street Address City	State	Zip	
BYRON JUAREZ treet Address 88 HERSCHEL STR ity PROVIDENCE anager Name treet Address	State	Zip 02909 Zip	Street Address City Manager Name	State	Zip Zip	
BYRON JUAREZ itreet Address 38 HERSCHEL STR city PROVIDENCE danager Name treet Address ity RESIDENT AGENT IN F	State State	Zip	Street Address City Manager Name Street Address	State		

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SEP 08 2014

By CK# R106177809067

File Date	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.		
Check No	3	08/29/2014	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	BYRON JUAREZ		
TO THE STATE OF STATE OF STATE	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012