

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 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.	2. Exact name of the limited liability company					
157796	Simoes I	Simoes Imports, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
RI	Alcoholic Beverage Distributor					
5. Principal office address 115 Ralco Way			City Cumberland	State RI	Zip 02864	
	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Paul Simoes			Contact Title LLC Member			
Street Address 115 Ralco Way			City Cumberland	State RI	Zip 02864	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
treet Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip 🕿 _ 🗴	
B. RESIDENT AGENT IN R	HODE ISLAND	<u> </u>				
		Office of the Secr	etary of State. Changes require f	iling Form 642.	8 중제	
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File Date			this report, including	any accompanying	irm that I have examined schedules and statements,	
Check No			and that all statement	S contampo nerem	10/01/2014	
Ву:			Signature of Authorized	l Person	Date	
			Baul Simons			

Print or Type Name of Authorized Person

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