

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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	2. Exact nar	ne of the limited liabilit	у сотрапу				
148460	S	SIMPLY SEASOWAZ LLC					
R. State of Formation	4 Brief desc	protion of the characte	of business (conducted in Anode Isla	and		
RI	fr	vit a deli	retail	STORE			
5 Principal affice address 1839 SMIHO ST				NPra	State	20 02911	
. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA		E OF CONTACT PERS	ON:		
Contact Pane Yuya	DelPivo		Contac	Wher	and the second of the second o	y y	
offeet Approximation St Smth St				NPra	State Pa	Zip 02911	
LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	WITED LIABIL	ITY COMPANY, IF AP	PLICABLE - DO NO	T LIST MEMBERS	
Aanager Name	The second of the second		Maliac	er Name			
treet Address				Street Address			
City	State	Zip	City		State	Zıp	
lanager Name	Manag	Manager Name					
Street Address				Street Address Street			
City	State	Zip	City		State	Zip C C	
RESIDENT AGENT IN RI	HODE ISLAND					6 2	
his information is curren	tly of record in the	Office of the Secreta	ary of State. (Changes require filing	Form 642.	<u>-</u>	
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By 233714

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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 NAMhorized Person

Print or Type Name of Authorized Person.

. Date