

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 na	me of the limited liab	2. Exact name of the limited liability company				
000769082	LA ESPERANZA LLC						
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	RETAIL	SALES OF DIE	T DRINK				
5. Principal office address 434 Cranston Street			City Providence	State RI	Zip 02907		
6. MAILING ADDRESS OF L	MITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:			
Contact Name FRANCISCO GUZZMAN			Contact Title President				
Street Address 434 Cranston Street			City Providence	State RI	Zip 02907		
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHMI		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Manager Name			Manager Name				
Street Address			Street Address		7 20 7 20 7 20		
Cíty	State	Zip	City	State	ZIP PH OF S		
8. RESIDENT AGENT IN RHO	DEISLAND				No 64		
This information is currently	of record in the	e Office of the Secr	etary of State. Changes require f	iling Form 642.	<u> </u>		
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Form No. 632 Revised: 01/2012 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.

- Francisco Guzma 10/29/2014 Signature of Authorized Person Date

Francisco Guzzman

Print or Type Name of Authorized Person