



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. Entry ID No. <b>734685</b>		2. Exact name of the limited liability company <b>FIGUEIREDO IMPORTS and EXPORTS, LLC</b>	
3. State of Formation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>IMPORT, EXPORT, Wholesale</b>	
5. Principal office address <b>2 BENSLEY ST.</b>		City <b>PAWTUCKET</b>	State <b>R.I.</b>
		Zip <b>02860</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>MANUEL L. FIGUEIREDO</b>		Contact Title <b>PRESIDENT</b>	
Street Address <b>P.O. BOX 141</b>		City <b>PAWTUCKET</b>	State <b>R.I.</b>
		Zip <b>02862</b>	
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		Manager Name	
Street Address		Street Address	
St:	Zip:	City	State
City		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.			

2015 MAR 13 AM 11:15  
 SECRETARY OF STATE  
 CORPORATIONS DIV

**FILED**  
 MAR 13 2015  
 By 244554  
 A.A.

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.

Manuel L. Figueiredo 3/13/15  
 Signature of Authorized Person Date  
MANUEL L. FIGUEIREDO  
 Print or Type Name of Authorized Person