



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. 000862749		2. Exact name of the limited liability company FELIPE VARGAS LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island HOME DELIVERIES			
5. Principal office address 24 MOOREFIELD ST		City PROVIDENCE	State RI	Zip 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FELIPE VARGAS		Contact Title MEMBER			
Street Address 24 MOOREFIELD ST		City PROVIDENCE	State RI	Zip 02909	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name FELIPE VARGAS		Manager Name			
Street Address 24 MOOREFIELD ST		Street Address			
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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.					

FILED

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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.

BY

Felipe Vargas
Signature of Authorized Person

Date

FELIPE VARGAS

Print or Type Name of Authorized Person

File Date

Check No

By:

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