

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 2015

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 INTERNATIONAL MARKET, LLC							
559375									
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island							
RHODE ISLAND	GROCEI	GROCERY STORE							
5. Principal office address 165 ARNOLD STREET			City WOONSOCKET	State RI	Zip 02895				
	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PER	RSON:					
Contact Name MIGUEL A. PICHARDO			Contact Title MANAGER						
Street Address 196 FOURTH AVENUE			City WOONSOCKET	State RI	Zip 02895				
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH	(NAMES AND ADD MENT) [PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEMBERS				
Manager Name MIGUEL A. PICHARDO			Manager Name						
Street Address 196 FOURTH AVENUE			Street Address						
City WOONSOCKET	State RI	Zip 02895	City	State	Zip				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
B. RESIDENT AGENT IN RI				<u> </u>					
This information is current	lly of record in the	Office of the Secret	ary of State. Changes require filin	g Form 642,					
									

FILED OCT 013015

File Date _____

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Prir or Type Name of Authorized Person

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Off ler penalty of perjury, I declare and affirm that I have examined

this report, including any accompanying schedules and statements,

rein are true and correct.

09/25/2015Date

Form No. 632 Revised: 01/2012