



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number <u>862749</u>		2. Exact name of the Limited Liability Company <u>FELIPE VARGAS LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Home Delivery</u>			
5. Principal Office Address <u>24 MOOREFIELD ST.</u>		City <u>PROVIDENCE</u>		State <u>RI</u>	Zip <u>02909</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>MARIA CANTASQUILLO *</u>		Contact Title <u>Wife</u>			
Street Address <u>24 MOOREFIELD ST</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02909</u>
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Felipe Vargas</u>		Manager Name			
Street Address <u>24 MOOREFIELD ST.</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person <u>FELIPE VARGAS</u>				Date <u>7-22-2016</u>	
Signature of Authorized Person <u>Felipe Vargas</u>				SIGN DOCUMENT HERE	

Cantasquillo *

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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