



**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 **2016**

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. <b>1657718</b>		2. Exact name of the limited liability company <b>YIYO MEAT MARKET, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>GROCERY STORE</b>			
5. Principal office address <b>370 PLAINFIELD STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02909</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>DIONICIO VALERIO NUNEZ</b>		Contact Title <b>MANAGER</b>			
Street Address <b>370 PLAINFIELD STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02909</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>DIONICIO VALERIO NUNEZ</b>		Manager Name			
Street Address <b>370 PLAINFIELD STREET</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	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**

OCT 24 2016

By 10.7.44.31.7038  
LD

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.

Dionicio Valerio  
Signature of Authorized Person

10/03/2016

Date

**DIONICIO VALERIO NUNEZ**

Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY