| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|--|-------------|
| Annual Report for the year: | |
| Limited Liability Company | |
| → Filing period: September 1 - November 1 | |

| → Penalty: Additional \$ | 25.00 fee if form i | s not filed by Dec | ember 1. | - | | | |
|---|--|---|---|---------------------------|------------------------|--|--|
| 1. Entity ID Number | l l | 2. Exact name of the Limited Liability Company MAF IMPORTS, LLC | | | | | |
| 3. NAICS Code 42 - Wholesale Trade | 1 | Brief description of the character of business conducted in Rhode Island LIQUOR WHOLESALE | | | | | |
| 5. State of Formation Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 444 Broad Street | | | Central Falls | RI | 02863 | | |
| 7. Mailing Address of Limite | | ny and Name or Ti | | | | | |
| Contact Name MARIO A. FONSECA | | Contact Title MANAGER | | | | | |
| Street Address 444 Broad Street | | | City Central Falls | State RI | ^{Zip} 02863 | | |
| | |) of the Limited Lia | ibility Company, IF APPLICAE | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name MARIO A. FONSECA | | Manager Name | | | | | |
| Street Address 444 Broad Street | | Street Address | | | | | |
| City Central Falls | State RI | Zip 02863 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | <u> </u> | | Check the box to | indicate an attachment | | |
| 9. Resident Agent in Rhode | Island. This informa | ation is currently of re | ecord with the Department of Sta | te. Changes require filir | ng Form 642. | | |
| Under penalty of perjury, statements, and that all st | l declare and affir latements contain | m that I have exa ned herein are tru | mined this report, including e and correct. | g any accompanyin | g schedules and | | |
| Name of Authorized Person | | | Date | | | | |
| MARIO A. FONSECA, MANAGER | | | | 10.2 | 7-16 | | |
| Signature of Authorized Per | son | 20 V | | 16 | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED NOV 2 1 2016 NOV 2 1 2016