



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.


|   |       |  |                          |                         |                     |
|---|-------|--|--------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><u>000558208</u>   |       | 2. Exact name of the Limited Liability Company<br><u>LIM, LLC</u>                                      |                          |                         |                     |
| 3. NAICS Code<br><u>44-45</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><br><u>LIQUOR STORE</u> |                          |                         |                     |
| 5. State of Formation<br><u>RI</u>  |       |  |                          |                         |                     |
| 6. Principal Office Address<br><u>298 PAWTUCKET AV</u>  |       | City<br><u>PAWTUCKET</u>   | State<br><u>RI</u>       | Zip<br><u>02860</u>     |                     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                          |                         |                     |
| Contact Name<br><u>RUDY LIM</u>   |       |  | Contact Title            |                         |                     |
| Street Address<br><u>298 PAWTUCKET AV</u>   |       |  | City<br><u>PAWTUCKET</u> | State<br><u>RI</u>      | Zip<br><u>02860</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                          |                         |                     |
| Manager Name  |       |  | Manager Name             |                         |                     |
| Street Address  |       |  | Street Address           |                         |                     |
| City  | State | Zip  | City                     | State                   | Zip                 |
| Manager Name  |       |  | Manager Name             |                         |                     |
| Street Address  |       |  | Street Address           |                         |                     |
| City  | State | Zip  | City                     | State                   | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                          |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                          |                         |                     |
| <b>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.</b> |       |  |                          |                         |                     |
| Name of Authorized Person<br><u>JACK GALVAO</u>   |       |  |                          | Date<br><u>12/22/16</u> |                     |
| Signature of Authorized Person<br>   |       |  |                          | SIGN DOCUMENT HERE      |                     |

MAIL TO:

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

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