

Anı ual 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	2. Exact name of the Limited Liability Company					
694890	SC FOODS, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
72 - Accommodation and Food	ACQUIRE, OWN AND OPERATE ONE OR MORE DELICATESSEN/RESTAURANT BUSINESSES					
5. State of Formation	1					
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
34 CANNCHET WAY			NARRAGANSETT	RI	02882	
7. Mailing Address of Limited Lia	bility Compan	y and Name or∃	200			
Contact Name DAVID J. CARTY			Contact Title MEMBER			
Street Address 34 CANONCHET WAY			City NARRAGANSET	State RI	^{Zip} 02882	
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	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						
9. Resident Agent in Rhode Island. This information is currently of record with 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				Date		
DAVID J. CARTY				1 1/17	16	
Signature of Authorized Person 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