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Annual Report for the year: 2017 **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.

Section 1923 se	'⊭T
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1. Entity ID Number 486612								
3. NAICS Code 445110	Brief description of the character of business conducted in Rhode Island GROCERY STORE							
	<u></u>							
5. State of Formation Rhode Island								
			Ton.	10-1-	7			
6. Principal Office Address 77 UNION AVENUE			City PROVIDENCE	State RI	Zip 02909			
	hilitu Compon	and Name or Tit	1					
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name								
Contact Name VICTOR M. DUR			Contact Title MEMBER/MANAGER					
Street Address 64 GROVE AVE	NUE		City CRANSTON	State RI	^{Zip} 02910			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name VICTOR M. DUF	RAN		Managor Name					
Street Address 64 GROVE AVENUE			Street Address					
City CRANSTON	State RI	^{Zip} 02910	City	State	Zip			
Manager Name	r	<u> </u>	Manager Name					
Street Address	-		Street Address					
City	State	Zıp	City	State	Zip			
****	<u>.</u>	<u> </u>		Check the box to i	indicate an attachment			
9. Resident Agent in Rhode Islan	nd. This informat	ion is currently of re	cord with the Department of State					
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:								
VICTOR M. DURAN								
Signature of Authorized Person SIGN DOCUMENT HERE								
1	1							

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
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FORM 632 - Revised: 08/2017