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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2017	
Limited Liability Company		

STAMP

FOR SECRETARY OF \$1410 USE ONCE

→ Filing period¹ 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 918010	Exact name of the Limited Liability Company AR KEVIN MARKET, LLC						
3. NAICS Code 44-45 - Retail Trade	Brief description of the character of business conducted in Rhode Island GROCERY STORE						
5. State of Formation RHODE ISLAND	446110						
6. Principal Office Address 103 ACADEMY AVENUE			City PROVIDENCE	State RI	Zip 02908		
7. Mailing Address of Limited Lia	bility Compan	y and Name or Tit	le of Contact Person				
Contact Name ANTONIO REYES			Contact Title MANAGER				
Street Address 103 ACADEMY AVENUE			City PROVIDENCE	State RI	^{Zip} 02908		
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS		
Manager Name ANTONIO REYES			Manager Name				
Street Address 103 ACADEMY AVENUE			Street Address				
City PROVIDENCE	State RI	Zip 02908	City	State	Z:p		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
	<u>. </u>	<u> </u>		Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Islai	nd. This informa	tion is currently of re	ecord with the Department of State	e. Changes require filir	g Form 642		
Under penalty of perjury, I ded statements, and that all statem	lare and affir	m that I have exa	mined this report, including				
Name of Authorized Person				Date	Date		
ANTONIO REYES				09/29/2	09/29/2017		
Signature of Authorized Person	049	SIGN DO	OCUMENT 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 OCT 28 2017