



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

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.

|                                                                                                                                                                                                             |                 |                                                                                                     |                              |                           |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------|------------------------------|---------------------------|----------------------------------|
| 1. Entity ID Number<br><b>787834</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>SANCHEZ MARKET, LLC</b>                        |                              |                           |                                  |
| 3. NAICS Code<br><b>81 - Other Services (except P</b>                                                                                                                                                       |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>GROCERY STORE</b> |                              |                           |                                  |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |                 | 445110                                                                                              |                              |                           |                                  |
| 6. Principal Office Address<br><b>676 BROAD STREET</b>                                                                                                                                                      |                 | City<br><b>PROVIDENCE</b>                                                                           |                              | State<br><b>RI</b>        | Zip<br><b>02907</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                     |                              |                           |                                  |
| Contact Name <b>JOSE I. SANCHEZ</b>                                                                                                                                                                         |                 |                                                                                                     | Contact Title <b>MANAGER</b> |                           |                                  |
| Street Address <b>676 BROAD STREET</b>                                                                                                                                                                      |                 |                                                                                                     | City <b>PROVIDENCE</b>       |                           | State <b>RI</b> Zip <b>02907</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                     |                              |                           |                                  |
| Manager Name <b>JOSE I. SANCHEZ</b>                                                                                                                                                                         |                 |                                                                                                     | Manager Name                 |                           |                                  |
| Street Address <b>676 BROAD STREET</b>                                                                                                                                                                      |                 |                                                                                                     | Street Address               |                           |                                  |
| City <b>PROVIDENCE</b>                                                                                                                                                                                      | State <b>RI</b> | Zip <b>02907</b>                                                                                    | 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.                                                                   |                 |                                                                                                     |                              |                           |                                  |
| <i>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.</i> |                 |                                                                                                     |                              |                           |                                  |
| Name of Authorized Person<br><b>JOSE I. SANCHEZ</b>                                                                                                                                                         |                 |                                                                                                     |                              | Date<br><b>09/29/2017</b> |                                  |
| Signature of Authorized Person<br><i>Jose I. Sanchez</i> SIGN DOCUMENT HERE                                                                                                                                 |                 |                                                                                                     |                              |                           |                                  |

## MAIL TO:

Division of Business Services

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