



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 550779		2. Exact name of the Limited Liability Company DISTRIBUIDORA EL PAISANO IMPORT, LLC			
3. NAICS Code 42 - Wholesale Trade		4. Brief description of the character of business conducted in Rhode Island WHOLESALES			
5. State of Formation RHODE ISLAND 42111					
6. Principal Office Address 170 SILVER LAKE AVENUE		City PROVIDENCE		State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ALVARO ORTEGA			Contact Title MANAGER		
Street Address 246 DOUGLAS AVENUE			City PROVIDENCE		State RI Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name ALVARO ORTEGA			Manager Name		
Street Address 246 DOUGLAS AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02908	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 542.					
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 ALVARO ORTEGA				Date 09/28/2017	
Signature of Authorized Person <i>Alvaro Ortega</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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