



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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 319866 | | 2. Exact name of the Limited Liability Company ANTIGUA GUATEMALA BAKERY, LLC | | | |
| 3. NAICS Code 44-45 - Retail Trade | | 4. Brief description of the character of business conducted in Rhode Island ALL KIND OF GUATEMALAN GROCERY | | | |
| 5. State of Formation RHODE ISLAND | | 445110 | | | |
| 6. Principal Office Address 744 DEXTER STREET | | City CENTRAL FALLS | | State RI | Zip 02863 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name BYRON JUAREZ | | | Contact Title MANAGER | | |
| Street Address 38 HERSCHEL STREET | | | City PROVIDENCE | | State RI Zip 02909 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name BYRON JUAREZ | | | Manager Name | | |
| Street Address 38 HERSCHEL STREET | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02909 | 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 Byron Juarez | | | | Date 09/27/2016 | |
| 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

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FORM 632 - Revised: 08/2016