State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual Report for the year: **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	2. Exact name of the Limited Liability Company				
00106567	EAST SIDE MART LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
445120					
5. State of Formation	(-STORE				
RI					
6. Principal Office Address			City /	State	Zip
45 WENDRLL ST			PROV	KI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name PAUL SMITH			Contact Title OWNEK		
Street Address 422 LLOYD AVE			City PROVIDENCE	State Z	2ip 02906
B. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Authorized Person Figure 14 S-4-18					
Signature of Authorized Person					
FOL FILED					
- FILED					

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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