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R.I. DEPT. OF STATEOFP

BUS SYCS DIV

2018 NOV 29 AH 11: 20 14TE

Annual Report for the year: 2016
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 506374						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				COR	
445210	RETAIL MEAT MARKET			与 经图		
5. State of Formation	2 RACC					
RI					2 - A - A - A - A - A - A - A - A - A -	
6. Principal Office Address			City	State	Zip 🕦 the state of the state o	
154 TOBIE AVENUE			PAWTUCKET	RI	028602	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name KEVIN M. ANDELLA			Contact Title MANAGER			
Street Address 154 TOBIE AVENUE			City PAWTUCKET	State RI	Zip 02860	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name KEVIN M. ANDELLA			Manager Name ∠ ∠ ∠			
Street Address 154 TOBIE AVENUE			Street Address OCC			
City PAWTUCKET	State RI	Z ₁ p 02860	City	State	Zip N OR A	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zib QI <	
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 Reviv Andella				Date	77-18	
Signature of Authorized Person A GN 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 **FILED**

JAN 2 2 2019

O 1 7 4 P FORM 632 - Revised: 10/20