



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2018**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001660970		2. Exact name of the limited liability company 3 BC WHOLESALLES LLC	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island WHOLESALES <i>Other Miscellaneous nondurable Goods</i> 424990	
5. Principal office address 1302 ELMWOOD AVE		City CRANSTON	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: ^F			
Contact Name BRYAN CORTORREAL		Contact Title OWNER	
Street Address 1302 ELMWOOD AVE		City CRANSTON	State RI
		Zip 02910	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <i>Bryan Cortoreal</i>		Manager Name	
Street Address <i>1302 Elmwood Ave</i>		Street Address	
City <i>Cranston</i>	State <i>RI</i>	Zip <i>02910</i>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND		This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 2019 MAY 13 AM 11:44

FILED

MAY 13 2019

BY *10521 A.A 12:00pm*

File Date _____
 Check No _____
 By: _____ *2019 MAY 13 AM 11:58*

FOR SECRETARY OF STATE USE ONLY

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.

04/30/2019

Signature of Authorized Person _____ Date _____
FRANCESCA M FERNANDEZ DE CORTORREAL
 Print or Type Name of Authorized Person