



FOR SECRETARY OF STATE OFF ORCE

Annual Report for the year: 2019 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 972429	Exact name of the Limited Liability Company GARCIA FOODS DIST. LLC					
3. NAICS Code 4 2 4 4 10 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTOR					
RHODE ISLAND	,					
6. Principal Office Address 82 FLORA STREET			City PROVIDENCE	State RI	Zip 02904	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person			
Contact Name ENIO GARCIA			Contact Title MANAGER			
Street Address 82 FLORA STREET			City PROVIDENCE	State RI	^{Zip} 02904	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name ENIO GARCIA			Manager Name			
Street Address 82 FLORA STREET			Street Address			
City PROVIDENCE	State RI	^{Zip} 02904	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 dec statements, and that all states				any accompanyin	ng schedules and	
Name of Authorized Person				Date	Date	
ENIO GARCIA				09/21/2	09/21/2018	
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 FILED

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FORM 632 - Revised: 08/2016