| State of Rhode Island and Providence Plantations Department of State - Business Services D | ivision |
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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.

| | NOV 1 2 2019 | |
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| BY_ | 1772 | |
| | | |

| 1. Entity ID Number | 12 Event no | me of the Limite | d Liability Company | <u> </u> | | | |
|--|---------------------|---|---|--------------------------|------------------------|--|--|
| 001674317 | | 2. Exact name of the Limited Liability Company NOEL MEAT MARKET, LLC | | | | | |
| 3, NAICS Code | 4. Brief des | A. Brief description of the character of business conducted in Rhode Island GROCERY STORE | | | | | |
| 5. State of Formation RHODE ISLAND | | | | | | | |
| 6. Principal Office Address 574 PLAINFIELD STREET | | | City PROVIDENCE | State RI | Zip 02909 | | |
| 7. Mailing Address of Limited | Liability Compa | ny and Name or | Title of Contact Person | | | | |
| Contact Name NOEL NUNEZ | | | Contact Title MANAGER | | | | |
| S Jet Address 574 PLAINFIELD STREET | | | City PROVIDENCE | State RI | Zip 02909 | | |
| 8. List ALL managers (name | es and addresses | s) of the Limited | Liability Company, IF APPLICAB | LE - 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 inform | nation is currently | of record with the Department of Stat | e. Changes require filir | ng Form 642. | | |
| Under penalty of perjury, I statements, and that all st | | | examined this report, including true and correct. | any accompanyin | g schedules and | | |
| Name of Authorized Person | | | | Date | | | |
| NOEL NUNEZ | | | | 09/23/2 | 019 | | |
| Signature of Authorized Per | // | 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