



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

STAMP

Annual Report for the year: 2020
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.

FILED

FOR
SECRETARY OF STATE
USE ONLY

OCT 05 2020

BY

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1 Entity ID Number 971155		2. Exact name of the Limited Liability Company R MEDINA, LLC			
3 NAICS Code 42 - Wholesale Trade		4. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTOR			
5. State of Formation RHODE ISLAND					
6 Principal Office Address 121 ROOSEVELT STREET		City PROVIDENCE		State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name RIGOBERTO MEDINA			Contact Title MANAGER		
Street Address 121 ROOSEVELT STREET		City PROVIDENCE		State RI	Zip 02909
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name RIGOBERTO MEDINA			Manager Name		
Street Address 121 ROOSEVELT STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 RIGOBERTO MEDINA				Date 09/04/2020	
Signature of Authorized Person <i>Rigoberto Medina</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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