



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 001701625

2. Exact Name of the Limited Liability Company Frannie's Health Food Market, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

445110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SELLING GROCERIES AND OTHER HEALTH FOODS AND SUPPLEMENTS

5. Principal Office Address

No. and Street: 500 MAIN STREET

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: FRANCES SHAVER Contact Title: PRESIDENT

No. and Street: 115 WEST MAIN STREET

City or Town: WICKFORD

State: RI

Zip: 02852

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	FRANCES SHAVER	125 WEST MAIN STREET WICKFORD, RI 02852 USA
MANAGER	RONALD SHAVER	115 WEST MAIN STREET

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RONALD SHAVER 125 WEST MAIN STREET WICKFORD , RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of October, 2020 at 8:34:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RON SHAVER
Signature of Authorized Person

Form No. 632
Revised 09/07

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