	State of R Office of the Se	hode Island ecretary of S	tate	Fee: \$50.00
	148 W. R Providence F	usiness Services River Street RI 02904-2615		
HOPE	(401) 2	22-3040		
Limited Liability Con Annual Report Filing Period: September 1				
	. 7-16-66(d), each limited liabili in thirty (30) days after the time penalty fee of \$25.00.			
ANNUAL REPORT YEAR	: <u>2020</u>			
1. ID No. <u>000509908</u>				
2. Exact Name of the Limited Liability Company $MARV LLC$				
3. State of Formation				
State: <u>RI</u>				
	ARTICL	E III		
•	Code that best describes the p re information on <u>NAICS</u> can be	•	conducted b	y the entity. Download
<u>445120</u>				
4. Brief Description of the	e Character of the Business	Which is Actu	ally Conduc	ted in Rhode Island
GROCERY STORE				
5. Principal Office Addre	ess			
	<u>)8 EDDY STREET</u> OVIDENCE	State: <u>RI</u> Zi	p: <u>02905</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and	Name or Title	of Contact	Person:
	A A. GUABA Contact Title:	<u>OWNER</u>		
		State: <u>RI</u> Zi	p: <u>02905</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	f Each Manager of the Limite RS	ed Liability Cor	npany, if Ap	plicable.
Title	Individual Name			dress
	First, Middle, Last, Suffix	Addres	s, City or Town,	State, Zip Code, Country
	RHODE ISLAND - DO NOT AL	TER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

YESENIA A. GUABA 1308 EDDY STREET PROVIDENCE, RI 02905

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

Signed this 27 Day of October, 2020 at 1:01:39 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 <u>YESENIA A. GUABA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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