RI SOS Filing Number: 202185235310 Date: 1/8/2021 10:07:00 AM

Annual Report for ti	_		ices Division			
imited Liability Co.		<u> </u>		2071		
→ Filing period: September 1 - November 1					RE DEP	
→ Filing Fee: \$50.00					(/)	
→ Penalty: Additional \$2	25.00 fee if form	is not filed by De	ecember 1.	<b>+</b> α	200	
					SFE	
1. Entity ID Number		ame of the Limite	=	5 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1		
000819414	DEXTER	MARKET LLC	<u></u>	7 7		
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
445110	GROCERY	GROCERY STORE				
5. State of Formation	<del></del> -{					
8/7/2013						
6. Principal Office Address			City	State	Zip	
874 DEXTER STREET			CENTRAL FALLS	RI	02863	
7. Mailing Address of Limite	ed Liability Compa	any and Name or	Title of Contact Person		·	
Contact Name SAIRA ASTURIA			Contact Title PRESIDENT			
Street Address 264 PROSPECT STREET, APT 3			City PAWTUCKET	State RI	<sup>Zip</sup> 02860	
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST I	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 i	indicate an attachment	
9. The Resident Agent Info	rmation currently	of record with the	RI Department of State is accura			
Under penalty of perjury,	I declare and afi	irm that I have e	examined this report, including		<del></del>	
statements, and that all statements contained herein are true and correct.  Name of Authorized Person				Date		
SAIRA ASTURIA						
<del></del>		· · · · · · · · · · · · · · · · · · ·		11/1/50	021	
Signature of Authorized Pe	rson			•		
Sain Att	(1)(A)					

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** 

JAN 0 8 2021

BY 10 0 W 6A FORM 632 - Revised: 08/2020 /0:07