



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
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.

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|                                                                                                                                                                                                      |       |                                                                                            |                 |              |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------|-----------------|--------------|-----|
| 1. Entity ID Number<br>1703343                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br>FARIA MEAT MARKET, LLC                   |                 |              |     |
| 3. NAICS Code<br>445210                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>Meat Market |                 |              |     |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |       |                                                                                            |                 |              |     |
| 6. Principal Office Address<br>756 LONSDALE AVENUE                                                                                                                                                   |       | City<br>CENTRAL FALLS                                                                      | State<br>RI     | Zip<br>02863 |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                            |                 |              |     |
| Contact Name<br>JASON FARIA                                                                                                                                                                          |       |                                                                                            | Contact Title   |              |     |
| Street Address<br>756 LONSDALE AVENUE                                                                                                                                                                |       | City<br>CENTRAL FALLS                                                                      | State<br>RI     | Zip<br>02863 |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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 <input type="checkbox"/>                                                                                                                                     |       |                                                                                            |                 |              |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. 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<br>JASON FARIA                                                                                                                                                             |       |                                                                                            | Date<br>10/1/21 |              |     |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                            |                 |              |     |

MAIL TO:

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