



**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: 2021

1. ID No. 001099724

2. Exact Name of the Limited Liability Company AAA Wholesalers Distribution 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.

424990

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

WHOLESALE FOOD RETAIL IMPORT EXPORT FROZEN FOOD DIARY GROCERY FOOD
BROKER AND
CHAIN SUPERMARKET RETAILS

5. Principal Office Address

No. and Street: 203 MONTGOMERY AVE

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

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

Contact Name: ARISMENDY A. DISLA Contact Title: CEO.PRESIDENT. OWNER

No. and Street: 203 MONTGOMERY AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER

ARISMENDY A. DISLA

203 MONTGOMERY AVENUE
PROVIDENCE, RI 02905 USA

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

ARISMENDY A. DISLA 203 MONTGOMERY AVENUE 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 15 Day of October, 2021 at 10:57:56 AM 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 ARISMENDY A. DISLA
Signature of Authorized Person

Form No. 632
Revised 09/07

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