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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.

STAMP

1. Entity ID Number <u>001657411</u>		2. Exact name of the Limited Liability Company <u>A. PRIME MARKET, LLC</u>	
3. NAICS Code <u>454111</u>		4. Brief description of the character of business conducted in Rhode Island <u>Online Retail Sales</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>9 Church St.</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02904</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Jonathan Mettingly</u>		Contact Title <u>Owner</u>	
Street Address <u>9 Church St.</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02904</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>[Signature]</u>		Manager Name	
Street Address <u>[Signature]</u>		Street Address	
City <u>[Signature]</u>	State <u>[Signature]</u>	City <u>[Signature]</u>	State <u>[Signature]</u>
Zip <u>[Signature]</u>		Zip <u>[Signature]</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City <u>[Signature]</u>	State <u>[Signature]</u>	City <u>[Signature]</u>	State <u>[Signature]</u>
Zip <u>[Signature]</u>		Zip <u>[Signature]</u>	
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 <u>Jonathan Mettingly</u>		Date <u>12/31/21</u>	
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:

Division of Business Services

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