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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: $\frac{2023}{}$

Limited Liability Company

Filing period: February 1 - May 1

Filing Fee: \$50.00
Fenalty: Additional \$25.00 fee if form is not filed by May 31.

JUL 17 2023

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	2. Exact name of the Limited Liability Company PINE FOOD MARKET, LLC				
4. Brief description of the cl GROCERY STORE	haracter of business conducted in R	thode Island		aneress.	
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<u> </u>	City PROVIDENCE	State RI	Zip 02907		
d Liability Company and Name or	Title of Contact Person				
Contact Name RHADAMES SEVERINO		Contact Title MANAGER			
STREET	City PROVIDENCE	State RI	^{Zip} 02907		
mation currently of record with the	RI Department of State is accurate	e. Changes requir	e filing Form 642.		
		ny accompanyin	g schedules and		
Authorized Person AMES SEVERINO		Date 06/22/2023			
	4. Brief description of the conference of the co	PINE FOOD MARKET, LLC 4. Brief description of the character of business conducted in R GROCERY STORE City PROVIDENCE d Liability Company and Name or Title of Contact Person ES SEVERINO STREET City PROVIDENCE MANAGER City PROVIDENCE Manager Manager City PROVIDENCE Manager Manager City PROVIDENCE Mation currently of record with the RI Department of State is accurate and declare and affirm that I have examined this report, including and latements contained herein are true and correct.	PINE FOOD MARKET, LLC 4. Brief description of the character of business conducted in Rhode Island GROCERY STORE City PROVIDENCE RI d Liability Company and Name or Title of Contact Person SSEVERINO Contact Title MANAGER STREET City PROVIDENCE State RI mation currently of record with the RI Department of State is accurate. Changes required declare and affirm that I have examined this report, including any accompanying tatements contained herein are true and correct.	PINE FOOD MARKET, LLC 4. Brief description of the character of business conducted in Rhode Island GROCERY STORE City PROVIDENCE RI 02907 d Liability Company and Name or Title of Contact Person ES SEVERINO Contact Title MANAGER STREET City PROVIDENCE State RI Zip 02907 Contact Title MANAGER STREET City PROVIDENCE State RI Zip 02907 Matter RI Department of State is accurate. Changes require filing Form 642. Ideclare and affirm that I have examined this report, including any accompanying schedules and latements contained herein are true and correct. Date	

MAIL TO:

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Division of Business Services

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