

State of Rhode Island 'Department of State - Business Services Division

STAMP

Annual Report for the year: 2024

Limited Liability Company

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001746815		2. Exact name of the Limited Liability Company SAIT MART, LLC			
3. NAICS Code 445110	4. Brief description of the c GROCERY STORE	4. Brief description of the character of business conducted in Rhode Island GROCERY STORE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address		City	State	Zip	
367 FAIRMOUNT STREET		WOONSOCKET	RI	02895	
7. Mailing Address of Limited	d Liability Company and Name or	Title of Contact Person			
Contact Name PRABU VIVEKANANTHAN		Contact Title MANAGER			
Street Address 170 ARNOLD STREET		City WOONSOCKET	State RI	^{Zip} 02895	
8. The Resident Agent inform	nation currently of record with the	e RI Department of State is accurate.	Changes require	e filing Form 642.	
	r, I declare and affirm that I hav etements contained herein are	re examined this report, including true and correct.	any accompany	ring schedules and	
Name of Authorized Person			Date		
PRABU VIVEKANAN	THAN		05/07/2024		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov