



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 20-25  
Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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JAN 6 2025 10:42:04

1. Entity ID Number <u>099883</u>		2. Exact name of the Corporation <u>El Prime Spout Market LLC</u>			
3. Principal Office Address <u>712 Main Street, Providence, RI 02901</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02901</u>
4. NAICS Code <u>42-4480</u>		5. Brief description of the character of business conducted in Rhode Island <u>FRUIT MARKET</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Ramon Hernandez</u>			Vice-President Name		
Street Address <u>411-10th Street Apt 2</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <u>1000</u>	CLASS/SERIES	PAR VALUE <u>0</u>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative <u>Ramon Hernandez</u>			FILED JAN 06 2025		Date <u>1/6/2025</u>
Signature of Authorized Representative <u>Ramon Hernandez</u>			BY <u>7315</u>		

MAIL TO:  
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