



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Limited Liability Company

2025

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

REC'D RI SOS BSD  
25 MAY 6 PM 1:21:52

|                                                                                                                                                                                                         |  |                                                                                                                          |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><u>001166219</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>CBC Realty LLC</u>                                                  |                    |
| 3. NAICS Code<br><u>452990</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Building use for convenience store</u> |                    |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                      |  |                                                                                                                          |                    |
| 6. Principal Office Address<br><u>403 Plainfield st</u>                                                                                                                                                 |  | City<br><u>Providence</u>                                                                                                | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02909</u>                                                                                                      |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                          |                    |
| Contact Name<br><u>Salvador Garcia</u>                                                                                                                                                                  |  | Contact Title<br><u>owner</u>                                                                                            |                    |
| Street Address<br><u>#15 Borah st</u>                                                                                                                                                                   |  | City<br><u>North Providence</u>                                                                                          | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02904</u>                                                                                                      |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                          |                    |
| 9. 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<br><u>Salvador Garcia</u>                                                                                                                                                     |  | Date<br><u>05-06-25</u>                                                                                                  |                    |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                          |                    |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

MAY 06 2025

BY 6275Q  
Eh