

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

STAME

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

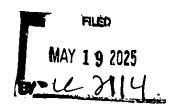
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2025

RECEIVED ASSAURE SEPT. OF STATE STATE STATES

MAY 19 P 3: 54

1. Entity ID Number	2. Exact name of the Limited Liability Company			
788620	MATEO MARKET, LLC			
3. NAICS Code 445110	Brief description of the character of business conducted in Rhode Island     GROCERY STORE			
5. State of Formation RHODE ISLAND	]			
6. Principal Office Address	<u> </u>	City	State	Zip
3 PRISCILLA AVENUE		PROVIDENCE	RI	02909
7. Mailing Address of Limited Li	ability Company and Name o	r Title of Contact Person		
Contact Name SAMUEL MATEO		Contact Title MANAGER		
Street Address 3 PRISCILLA AVENUE 2ND		City PROVIDENCE	State	<sup>Zip</sup> 02909
8. The Resident Agent informat	ion currently of record with th	e RI Department of State is accurate	. Changes require	e filing Form 642.
9. Under penalty of perjury, I statements, and that all state	declare and affirm that I have	ve examined this report, including	any accompany	ring schedules and
Name of Authorized Person			Date	
SAMUEL MATEO			02/04/2025	
Signature of Authorized Person				
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MAIL TO:

**Division of Business Services** 

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