



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |   |                    |                     |     |
|---|-------|---|--------------------|---------------------|-----|
| 1. Entity ID No.<br><u>061875</u>   |       | 2. Exact name of the limited liability company<br><u>International Food Market.</u>                     |                    |                     |     |
| 3. State of Formation<br><u>RI</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Convenience store</u> |                    |                     |     |
| 5. Principal office address<br><u>850 Broad St</u>  |       | City<br><u>Central Falls</u>  | State<br><u>RI</u> | Zip<br><u>02863</u> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |                    |                     |     |
| Contact Name<br><u>Jose Torres</u>  |       | Contact Title<br><u>owner</u>   |                    |                     |     |
| Street Address<br><u>850 Broad St</u>   |       | City<br><u>Central Falls</u>  | State<br><u>RI</u> | Zip<br><u>02863</u> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |                    |                     |     |
| Manager Name  |       | Manager Name  |                    |                     |     |
| Street Address  |       | Street Address  |                    |                     |     |
| City  | State | Zip   | City               | State               | Zip |
| Manager Name  |       | Manager Name  |                    |                     |     |
| Street Address  |       | Street Address  |                    |                     |     |
| City  | State | Zip   | City               | State               | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND   |       |   |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |   |                    |                     |     |

**FILED**

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| By                                     |
| <b>FOR SECRETARY OF STATE USE ONLY</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.

Signature of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_  
Jose Torres  
 Print or Type Name of Authorized Person