



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3041

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

n accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 155979		2. Exact name of the limited liability company EL AZTECA MEXICAN RESTAURANT, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Mexican Restaurant			
5. Principal office address 335 Newport Avenue		City East Providence	State RI	Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jose Sanchez Ortiz		Contact Title Principal			
Street Address 335 Newport Avenue		City East Providence	State RI	Zip 02909	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name N/A		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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ROBERT J. CONSENTINO, ESQUIRE		Address			
Address 950 Smith Street		City Providence	Zip 02908		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

155979

File Date

6-6-08

Check No.

1602

By:

mnc

FOR SECRETARY OF STATE USE ONLY

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.

JOSE SANCHEZ 6-2-2008
Signature of Authorized Person Date

JOSE SANCHEZ ORTIZ

Print or Type Name of Authorized Person