RI SOS Filing Number: 201067913090 Date: 10/04/2010 4:00 PM

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*
*401.222.3040*

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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

*In 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. | 2. Exact name of the limited liability company |
|---|---|
| 513478 | EL PAISANO #3 PANADERIA Y RESTAURANT, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RHODE ISLAND | BAKERY & RESTAURANT |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 468 CRANSTON STREET | PROVIDENCE | RI | 02907 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| ALVARO ORTEGA | |

| Street Address | City | State | Zip |
|---|---|---|---|
| 246 DOUGLAS AVENUE | PROVIDENCE | RI | 02908 |

**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 | Manager Name |
|---|---|
| ALVARO ORTEGA | JONNY SUAREZ |
| Street Address | Street Address |
| 246 DOUGLAS AVENUE | 147 ROGER WILLIAM AVENUE |
| City / State / Zip | City / State / Zip |
| PROVIDENCE / RI / 02908 | RUNFORD / RI / 02916 |
| 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 | Address |
|---|---|
| TAXPLUS, LLC | |
| Address | City / Zip |
| 112 RESERVOIR AVENUE | PROVIDENCE / 02907 |

**FILED**

**OCT 04 2010**

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

BY 1558

513478

[redacted]

[redacted]

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.

Alvaro Ortega 9/14/10
*Signature of Authorized Person* *Date*

ALVARO ORTEGA
*Print or Type Name of Authorized Person*

[redacted]

*File Date* _____

*Check No.* _____

*By:* _____

FOR SECRETARY OF STATE USE ONLY

53639-9-555443

Form 632 Rev. 07/07