



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 2014

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. 788500		2. Exact name of the limited liability company HIDALGO RESTAURANT LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RESTAURANT AND BEVERAGE			
5. Principal office address 300 BARTON STREET UNIT 303		City PAWBUCKET	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FABIAN TORRES		Contact Title OWNER			
Street Address 1 HAWES STREET APT 2B		City PAWBUCKET	State RI	Zip 02860	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name CRISTINA MASPALENO		Manager Name			
Street Address 10 Washington St.		Street Address			
City DENVER CO	State RI	Zip 02863	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

SEP 23 2014

By **232828**
A.A.

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CORPORATIONS DIV
2014 SEP 23 PM 12:13

File Date

Check No

By

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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.

FABIAN TORRES
Signature of Authorized Person

09 23 2014
Date

FABIAN TORRES
Print or Type Name of Authorized Person