



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**FILED**

SEP 16 2019

*by [signature]*

*19003*

Annual Report for the year: **2019**

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>000155979</b>		2. Exact name of the Limited Liability Company <b>EL AZTECA MEXICAN RESTAURANT, LLC</b>			
3. NAICS Code <b>722511</b>		4. Brief description of the character of business conducted in Rhode Island <b>MEXICAN RESTAURANT</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>335 NEWPORT AVENUE</b>		City <b>EAST PROVIDENCE</b>		State <b>RI</b>	Zip <b>02916</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>JOSE SANCHEZ</b>			Contact Title <b>MEMBER</b>		
Street Address <b>335 NEWPORT AVENUE</b>			City <b>ROVIDENCE</b>		State <b>RI</b> Zip <b>02916</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>N/A</b>			Manager Name <b>N/A</b>		
Street Address <b>N/A</b>			Street Address <b>N/A</b>		
City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>
Manager Name <b>N/A</b>			Manager Name <b>N/A</b>		
Street Address <b>N/A</b>			Street Address <b>N/A</b>		
City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>JOSE SANCHEZ</b>				Date <b>09/12/2019</b>	
Signature of Authorized Person <i>JOSE SANCHEZ</i> SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)