



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

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CORPORATIONS DIV

Annual Report for the year: 2019  
Limited Liability Company

2020 JAN 28 PM 1:45

- 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<br><u>00079717</u>                                                                                                                                                               |                    | 2. Exact name of the Limited Liability Company<br><u>Honduras Restaurant, LLC</u>                |                    |
| 3. NAICS Code<br><u>722513</u>                                                                                                                                                                       |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Restaurant</u> |                    |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                   |                    |                                                                                                  |                    |
| 6. Principal Office Address<br><u>175 manton Ave</u>                                                                                                                                                 |                    | City<br><u>Providence</u>                                                                        | State<br><u>RI</u> |
|                                                                                                                                                                                                      |                    | Zip<br><u>02909</u>                                                                              |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |                    |                                                                                                  |                    |
| Contact Name<br><u>Gloria M Dominguez</u>                                                                                                                                                            |                    | Contact Title<br><u>manager</u>                                                                  |                    |
| Street Address<br><u>179 Orms St</u>                                                                                                                                                                 |                    | City<br><u>Providence</u>                                                                        | State<br><u>RI</u> |
|                                                                                                                                                                                                      |                    | Zip<br><u>02908</u>                                                                              |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |                    |                                                                                                  |                    |
| Manager Name<br><u>Gloria Dominguez</u>                                                                                                                                                              |                    | Manager Name                                                                                     |                    |
| Street Address<br><u>179 Orms St</u>                                                                                                                                                                 |                    | Street Address                                                                                   |                    |
| City<br><u>Providence</u>                                                                                                                                                                            | State<br><u>RI</u> | Zip<br><u>02908</u>                                                                              |                    |
| Manager Name                                                                                                                                                                                         |                    | Manager Name                                                                                     |                    |
| Street Address                                                                                                                                                                                       |                    | Street Address                                                                                   |                    |
| City                                                                                                                                                                                                 | State              | Zip                                                                                              |                    |
| Manager Name                                                                                                                                                                                         |                    | Manager Name                                                                                     |                    |
| Street Address                                                                                                                                                                                       |                    | Street Address                                                                                   |                    |
| City                                                                                                                                                                                                 | State              | Zip                                                                                              |                    |
| 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.                                                             |                    |                                                                                                  |                    |
| 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. |                    |                                                                                                  |                    |
| Name of Authorized Person<br><u>Gloria Dominguez</u>                                                                                                                                                 |                    | Date<br><u>01/16/19</u>                                                                          |                    |
| Signature of Authorized Person<br><u>Gloria Dominguez</u>                                                                                                                                            |                    |                                                                                                  |                    |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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