



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 APR 20 P 3:25

Annual Report for the year: **2019**

AMENDED

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 000797117		2. Exact name of the Limited Liability Company HONDURAS RESTAURANT LLC	
3. NAICS Code 788513		4. Brief description of the character of business conducted in Rhode Island RESTAURANT	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 175 MANTON AVE		City PROVIDENCE	State RI Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name BRENDA M ALVAREZ OLIVA		Contact Title PRESIDENT	
Street Address 51 ALICANT ST		City PROVIDENCE	State RI Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name BRENDA M ALVAREZ OLIVA		Manager Name MARLON J ALVAREZ OLIVA	
Street Address 51 ALICANT ST		Street Address 51 ALICANT STREET	
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE State RI Zip 02908
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	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.			
<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 BRENDA M ALVAREZ OLIVA		Date 04/16/2020	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

April 20, 2020 03:25 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

