



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED**

SEP 17 2020

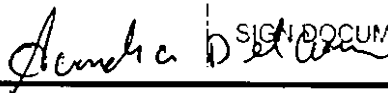
BY

**Annual Report for the year: 2020**  
**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>001677917</b>		2. Exact name of the Limited Liability Company <b>CARLOS DINER LLC</b>	
3. NAICS Code <b>722511</b>		4. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</b>	
5. State of Formation <b>RHODE ISLAND</b>			
6. Principal Office Address <b>15 GANSETT AVENUE</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02920</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>SANDRA DE LA ROCA</b>		Contact Title <b>PRESIDENT</b>	
Street Address <b>15 GANSETT AVENUE</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02920</b>	
8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City	State	Zip	
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.			
<b>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.</b>			
Name of Authorized Person <b>SANDRA DE LA ROCA</b>		Date <b>04/02/2020</b>	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov