



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
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Annual Report for the year: 2021
Limited Liability Company

2021 OCT 20 AM 11:28

STAMP

- 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 <u>000142951</u>		2. Exact name of the Limited Liability Company <u>LA SONRISA CAFETERIA RESTAURANT LLC</u>	
3. NAICS Code <u>722511</u>		4. Brief description of the character of business conducted in Rhode Island <u>RESTAURANT</u>	
5. State of Formation <u>R.I.</u>			
6. Principal Office Address <u>320 BROAD ST PROV.</u>		City <u>PROVIDENCE</u>	State <u>R.I.</u> Zip <u>02907</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>ANGEL BAEZ</u>		Contact Title <u>PRESIDENT</u>	
Street Address <u>24 BURNSIDE ST</u>		City <u>PROVIDENCE</u>	State <u>R.I.</u> Zip <u>02905</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <u>ANGEL BAEZ</u>		Date <u>10/20/21</u>	
Signature of Authorized Person <u>[Signature]</u>			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY [Signature] QH09J
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