



# REINSTATEMENT

1. Entity ID Number:  001688805	2. The name of the entity is:  El Paso Restaurant LLC																																													
3. Date of Revocation:  10-14-2023	4. Reason for Revocation:  Annual Report																																													
5. Entity Type:  Limited Liability Company																																														
6. The reinstatement requirements are:  <table><tr><td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td><td>1</td><td>(report filing fee)</td><td>\$ 50.00</td><td>Total Fees \$ 50.00</td></tr><tr><td><input checked="" type="checkbox"/> Penalty fees (# of years)</td><td>1</td><td>(penalty fee)</td><td>\$ 50.00</td><td>Total Fees \$ 50.00</td></tr><tr><td><input type="checkbox"/> Replacement filing fee</td><td>\$</td><td></td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Legislative Act/Court Order</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Agent Form (filing fee)</td><td>\$</td><td></td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Certificate of Correction</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Amendment (name change required)</td><td></td><td></td><td></td><td></td></tr></table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	1	(report filing fee)	\$ 50.00	Total Fees \$ 50.00	<input checked="" type="checkbox"/> Penalty fees (# of years)	1	(penalty fee)	\$ 50.00	Total Fees \$ 50.00	<input type="checkbox"/> Replacement filing fee	\$				<input checked="" type="checkbox"/> LOGS (Tax Good Standing)					<input type="checkbox"/> Legislative Act/Court Order					<input type="checkbox"/> Change of Agent Form (filing fee)	\$				<input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE					<input type="checkbox"/> Certificate of Correction					<input type="checkbox"/> Amendment (name change required)				
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7. Accompanied by																																														

FILED  
OCT 27 2023  
BY ML SCWMH  
2:38



State of Rhode Island  
DIVISION OF TAXATION  
One Capitol Hill  
Providence, RI 02908-5800



Phone: (401) 574-8650  
Fax: (401) 574-8915  
Email: Tax.Collections@tax.ri.gov

EL PASO RESTAURANT LLC  
1252 BROAD ST  
CENTRAL FALLS, RI 02863-1044

Notice ID: 10016122767  
Case ID: 20965923  
Taxpayer ID: 832082699

## LETTER OF GOOD STANDING

It appears from our records that **EL PASO RESTAURANT LLC** has filed all the required returns due for this Letter of Good Standing and paid all known tax liabilities as of this date. **EL PASO RESTAURANT LLC** is in good standing with the Rhode Island Division of Taxation (Division) as of **10/26/2023**. This Letter of Good Standing is expressly conditional, and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of Chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named entity for the purpose of:

## REINSTATEMENT OF REVOKED CORPORATE CHARTER

This Letter of Good Standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

NEENA S. SAVAGE  
TAX ADMINISTRATOR

IAN BEAUREGARD, Supervising Revenue Officer  
Compliance and Collections