

## State of Rhode Island Department of State - Business Services Division

ate - Business Services Division

Annual Report for the year: 2024 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

دّم			
REC'D RIDOS BSD 24 MAR 12 AM 1 1: 16: 2:	!.	į	

1. Entity ID Number	2. Exact name of the Limited Liability Company					
1734490	Tuxpan LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
722511	Fast Food restaurant					
5. State of Formation						
PI						
6. Principal Office Address,		City , / /	State	Zip		
17 Geldard 5	+	Comberland	RI	02864		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	ontact Name		Contact Title			
Dego Alcanta	Dego Alcantur		owner			
Street Address		City Cumberland	State	Zip // 2/2/		
17 Geldard St						
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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	/	<del></del>	Date /	/		
Diego Alcantar			03/12/2024			
Signature of Authorized Person						

FILED

MAR 1 2 2024 BY 2 TW 58

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov