

State of Rhode Island Department of State - Business Services Division

Annual Report for the year Limited Liability Company

9097

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED	٠. د
MAR 21 2024	
BY 3/	77

1. Entity ID Number	2. Exact name of the Limited Liability Company				
1688805	El Pasa	Restaurant	LLC		
3. NAICS Code	4. Brief description of the charac	cter of business conducted in Rhoc	te Island		
1 722511	Bestruis	ant			
5. State of Formation	1 1/1/2010011	<i>></i> 1(1			
RI					
6. Principal Office Address	•	City	State	Zip	
1252 Broad	St. UnitC	Contral Fulls	2-7	07863	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Trile			
Cilenda Sa	lara	owner			
Street Address	•	City	State	Zip	
1252 Broad	8 .	Central Falls	2-7	m863	
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			Date		
Celenda Sal	lazoit		·	·	
Signature of Authorized Person					
Islenda In	ypr.				

Phone: (401) 222-3040