

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.

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1 Entity ID Number 001719520	Exact name of the Limited Liabili La Cocina Sabrosa, LLC	ty Company	RI DOS MADE	NON-SUBSTANTIVE E
3. NAICS Code 3. NAICS Code 5 State of Formation Rhode Island	4 Brief description of the character Restaurant	of business conduct		
6. Principal Office Address	To	ıty	State	Zıp
570 Douglas Avenue	Į P	rovidence	RI	02908
7 Mailing Address of Limite	d Liability Company and Name or Title of	Contact Person	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Contact Name Michael McG	overn	Contact Title Member		
Street Address 570 Douglas	Avenue	^{sty} Providence	State RI	Z ₁ p ₀₂₉₀₈
8. The Resident Agent infor	mation currently of record with the RI Dep	artment of State is a	ccurate Changes require	filing Form 642.
	l declare and affirm that I have examine tatements contained herein are true an		ding any accompanying	schedules and
Name of Authorized Persor	1		Date	
Michael McGovern			1 611	0124
Signature of Authorized Per	rson			<u> </u>

MAIL TO:

Division of Business Services

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

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