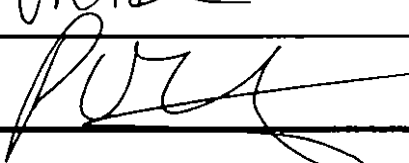




**State of Rhode Island
Department of State - Business Services Division**

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.

1. Entity ID Number 001710394		2. Exact name of the Limited Liability Company El Encino Domicile	
3. NAICS Code 722511		4. Brief description of the character of business conducted in Rhode Island RESTAURANT	
5. State of Formation RI			
6. Principal Office Address 777 EMMOND AVE		City PROV	State RI
		Zip 02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name PAOLA MITZ		Contact Title owner	
Street Address 168 JULYAN ST		City PROV	State RI
		Zip 02906	
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 PAOLA MITZ		Date 7/23/24	
Signature of Authorized Person 			

FILED

JUL 23 2024
BY 4243R
PS

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