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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 001766612		2. Exact name of the Limited Liability Company 2053 SABOR LLC	
3. NAICS Code 722511		4. Brief description of the character of business conducted in Rhode Island Restaurant	
5. State of Formation Rhode Island			
6. Principal Office Address 2053 Smith St		City North Providence	State RI
		Zip 02911	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Gabriel Calderon		Contact Title President	
Street Address 2053 Smith St		City North Providence	State RI
		Zip 02911	
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 Gabriel Calderon			Date 10/01/2024
Signature of Authorized Person 			

FILED

OCT 09 2024
BY HJ/V8G
AA. 12:45 pm

MAIL TO:

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