RI SOS Filing Number: 202460546720 Date: 10/9/2024 12:45:00 PM



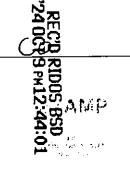
State of Rhode Island Department of State - Business Services Division

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	Exact name of the Limited Liability Company 2053 SABOR LLC 4. Brief description of the character of business conducted in Rhode Island Restaurant			
3. NAICS Code 722511				
5. State of Formation Rhode Island				
6. Principal Office Address	City		State	Zip
2053 Smith St	Nort	h Providence	RI	02911
7. Mailing Address of Limite	d Liability Company and Name or Title of Con	tact Person		<u> </u>
Contact Name Gabriel Ca		Contact Title President		
Street Address 2053 Smit	h St City	lorth Providence	State	^{Zip} 02911
8. The Resident Agent infor	mation currently of record with the RI Departm	ent of State is accurate	. Changes require	e filing Form 642.
	y, I declare and affirm that I have examined atements contained herein are true and co		any accompany	ring schedules and
Name of Authorized Person			Date	
Gabriel Calderon		10/01/2024		
Signature of Authorized Pa	bu			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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