



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

2024

- 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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SOS RI
STATE OF RHODE ISLAND

1. Entity ID Number <u>001751788</u>		2. Exact name of the Limited Liability Company <u>El Sabor Cafe LLC</u>	
3. NAICS Code <u>722514</u>		4. Brief description of the character of business conducted in Rhode Island <u>Creamery and Cafeteria</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>964 B Atwells Ave</u>		City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Jennifer Reyes Cabrera</u>		Contact Title <u>Manager</u>	
Street Address <u>14 Rye St</u>		City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>			
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 <u>Jennifer Reyes Cabrera</u>			Date
Signature of Authorized Person <u>Jennifer Reyes Cabrera</u>			

FILED

JAN 23 2025

BY TEM8W

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MAIL TO:

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