



State of Rhode Island
Department of State - Business Services Division

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STATE OF RHODE ISLAND
DEPARTMENT OF STATE

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.

| | | | |
|---|--|---|-------------|
| 1. Entity ID Number 001757788 | | 2. Exact name of the Limited Liability Company El Sabor Cafe LLC | |
| 3. NAICS Code 722514 | | 4. Brief description of the character of business conducted in Rhode Island Creamery and Cafeteria | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 964 B Atwells Ave | | City Providence | State RI |
| | | Zip 02909 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Jennifer Reyes Cabrera | | Contact Title Manager | |
| Street Address 14 Rye St | | City Providence | State RI |
| | | Zip 02909 | |
| 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 Jennifer Reyes Cabrera | | | Date |
| Signature of Authorized Person Jennifer Reyes Cabrera | | | |

FILED

JAN 23 2025

BY TEM8W

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MAIL TO:

Division of Business Services
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