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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ 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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1. Entity ID Number 2. Exact name of the Limited Liability Company Salsas EL Patron, LLC					
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island We are a company that Makes 5. State of Formation How saves					
5 State of Formation	Hop	Sauces			
6. Principal Office Address		City	State	Zip	
691 MAIN	St	WARREN	P 1	02885	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Contact Title					
Juan Conlos Porres		Owner			
Street Address		City	State	Zip	
76 AUTUMN ST		CRONSTON	[P]	02910	
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 On S On S On		Date 05/12/25			
Signature of Authorized Person					
	7				

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**

MAY 1 3 2025

BY GF8MG

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FORM 632 Revised 12/2023