



State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

1. Entity ID Number:  001690273	2. The name of the entity is:  Sabor and Culture LLC																											
3. Date of Revocation:  12/29/2020	4. Reason for Revocation:  Registered Office																											
5. Entity Type:  Limited Liability Company																												
6. The reinstatement requirements are: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 7</td> <td>(report filing fee) \$ 50</td> <td>Total Fees \$ 350</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 5</td> <td>(penalty fee) \$ 50</td> <td>Total Fees \$ 250</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee \$</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Annual Reports (# of reports) 7	(report filing fee) \$ 50	Total Fees \$ 350	<input checked="" type="checkbox"/> Penalty fees (# of years) 5	(penalty fee) \$ 50	Total Fees \$ 250	<input type="checkbox"/> Replacement filing fee \$			<input checked="" type="checkbox"/> LOGS (Tax Good Standing)			<input type="checkbox"/> Legislative Act/Court Order			<input type="checkbox"/> Change of Agent Form (filing fee) \$			<input checked="" type="checkbox"/> Change of Registered Office Form - NO FEE			<input type="checkbox"/> Certificate of Correction			<input type="checkbox"/> Amendment (name change required)		
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7. Accompanied by																												

FILED

MAY 28 2025  
BY DAFYS  
1232 TS



State of Rhode Island  
DIVISION OF TAXATION  
One Capitol Hill  
Providence, RI 02908-5800



Phone: (401) 574-8650  
Fax: (401) 574-8915  
Email: Tax.Collections@tax.ri.gov

SABOR AND CULTURE LLC  
HEIDI GARCIA  
101 CALIFORNIA AVE  
PROVIDENCE, RI 02905-4321

Notice ID: 10019466645  
Case ID: 23576161  
Taxpayer ID: 832759183

## LETTER OF GOOD STANDING

It appears from our records that **SABOR AND CULTURE LLC** has filed all the required returns due for this Letter of Good Standing and paid all known tax liabilities as of this date. **SABOR AND CULTURE LLC** is in good standing with the Rhode Island Division of Taxation (Division) as of . This Letter of Good Standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of Chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

5/15/2025

This letter is issued pursuant to the request of the above named entity for the purpose of:

## REINSTATEMENT OF REVOKED CORPORATE CHARTER

This Letter of Good Standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

NEENA S. SAVAGE  
TAX ADMINISTRATOR

  
Christopher Lynn Goh  
Supervising Revenue Officer  
Compliance and Collections