

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company			
1690273	Sabor ar		LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
54161	Counsulting Resturants and BAR. Specializing Hispanic + Ueban HRK				
5. State of Formation	0-0016 17:00	11,100601-101		HAV	
RI	Special 21 /	" Hispania	; + ()	eban "	
6. Principal Office Address			State	Zip	
35 Lark Industr	ia) P Kuy Unitd	greenville	RI	mx2x	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Comed Title			
Heidi G	arcia		<u>.</u> '		
Street Address Box 250	084	city providence	State D T	²¹ 00905	
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 begin are two and correct.					
statements, and that all statements contained herein are true and correct.					
Name of Authorized Person	· · · · · · · · · · · · · · · · · · ·		Date t		
Hadi (>	LARCIA		5/1	5/25	
Signature of Authorized Person			- 4/	7133	
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FILED

MAY 28 2025

MAIL TO:

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

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