



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Limited Liability Company

2019

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
25 MAY 28 PM 12:32:41

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25 MAY 15 PM 3:10:54

|                                                                                                                                                                                                         |  |                                                                                                                                                         |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>1690273                                                                                                                                                                          |  | 2. Exact name of the Limited Liability Company<br>Sabor and Culture LLC                                                                                 |             |
| 3. NAICS Code<br>541611                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Coonsulting, Restaurants and B&B<br>Specializing Hispanic + Urban Market |             |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                                                                         |             |
| 6. Principal Office Address<br>101 California Avenue                                                                                                                                                    |  | City<br>Providence                                                                                                                                      | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02905                                                                                                                                            |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                         |             |
| Contact Name<br>Heidi Garcia                                                                                                                                                                            |  | Contact Title                                                                                                                                           |             |
| Street Address<br>101 California Avenue                                                                                                                                                                 |  | City<br>Providence                                                                                                                                      | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02905                                                                                                                                            |             |
| 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<br>Heidi Garcia                                                                                                                                                               |  | Date<br>5/15/25                                                                                                                                         |             |
| Signature of Authorized Person                                                                                                                                                                          |  |                                                                                                                                                         |             |

FILED

MAY 28 2025

BY DAFYS  
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MAIL TO:

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