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State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company**

2024

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-> 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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Entity ID Number	2. Exact name of the Limited Liability Company				
001758846	TORTILLERIA GUATEMALTECA JIREH, LLC				
3. NAICS Code 12251 5. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island RPSHQVYQNH				
6. Principal Office Address		City	State	Zip	
56 GREENVILLE AVE		JOHNSTON	RI	02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name KARLA COLINDRES MURILLO		Contact Title OWNER			
Street Address 15 WOLFE STREET		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.					
 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			Date	Date	
KARLA COLINDRES MURILLO			08/04/2025		
Signature of Authorized Person Ala Quid					

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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