



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. § 1-2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. § 1-2-1501(c)(2)) is subject to a penalty fee of \$25.00.

1. Corporation ID No. 000484358		2. Name of Corporation TIERRAS HISPANAS INC			
3. Street Address (Please include P.O. Box) 765 BROAD STREET		4. City CENTRAL FALLS	5. State RI	6. Zip 02863	
7. Business Phone No. 401-475-6880		8. State of Incorporation Rhode Island			
9. Brief Description of the Character of Business Conducted in Rhode Island GROCERY / Restaurant					
10. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MIGUEL ABUILAR		Vice President Name MARIA CASTELLANOS RODRIGUEZ			
Street Address 10 WELLS STREET		Street Address 10 WELLS STREET			
City W. WARWICK	State RI	Zip 02893	City W. WARWICK	State RI	Zip 02893
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
11. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MIGUEL ABUILAR		Director Name MARIA CASTELLANOS RODRIGUEZ			
Street Address 10 WELLS STREET		Street Address 10 WELLS STREET			
City W. WARWICK	State RI	Zip 02893	City W. WARWICK	State RI	Zip 02893
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
12. SHARES AUTHORIZED					
13. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES THIS SECTION MUST BE COMPLETED					
Number of Shares 500		Class/Series STK		Par Value 0.01	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Maria Castellanos 2/19/09
Signature Date
MARIA CASTELLANOS
Print or Type Name
VICE PRESIDENT
Title

FILED	
File Date	FEB 17 2009
Check No.	
By	1/20
FOR SECRETARY OF STATE USE ONLY	