



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. 7-1.2-1501(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. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000120697		2. Name of Corporation Carrasco Corporation			
3. Street Address Principal Business Office 963 BROAD STREET		City PROVIDENCE		State RI	Zip 02905
4. Business Phone No. (401) 781-2152		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Operation of a restaurant and any other lawful use.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Carrasco			Vice President Name		
Street Address 141 ALLSTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name Newton Carrasco			Treasurer Name Daniel Carrasco		
Street Address 13 Pine Grove Street			Street Address 141 ALLSTON STREET		
City Pawtucket	State RI	Zip 02861	City PROVIDENCE	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel Carrasco			Director Name		
Street Address 141 ALLSTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 200	Class/Series Common	Par Value No Par

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.

FILED

OCT 09 2009

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Daniel Carrasco
Signature _____ Date _____

Daniel Carrasco

Print or Type Name

President

Title