



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 2011**

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 <b>143457</b>		2. Name of Corporation <b>Guayacan Lounge, Inc.</b>	
3. Street Address Principal Business Office <b>10 Donna's way</b>		City <b>Coventry</b>	State <b>RI</b>
4. Business Phone No. <b>401-954-1183</b>		5. State of Incorporation <b>RI</b>	
6. Brief Description of the Character of Business Conducted in Rhode Island <b>restaurant/Bar</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Sergio Rodriguez</b>		Vice President Name	
Street Address <b>10 Donna's way</b>		Street Address	
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	
Secretary Name <b>Carmen Rodriguez</b>		Treasurer Name <b>Carmen Rodriguez</b>	
Street Address <b>same</b>		Street Address <b>same</b>	
City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>none</b>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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 <b>MUST</b> BE COMPLETED	
		Number of Shares <b>0</b>	Class/Series
		Par Value	

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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**

FEB 28 2011

File Date

By

**138656**

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.

Signature

Date

**2/28/11**

Print or Type Name

Title