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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 2012

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.	2. Name of Corporation			
69083	SANCHEZ ENTERPRISES, INC			
3. Street Address Principal Business Office		City	State	Zip
680 BROAD STREET		PROVIDENCE	RI	02907
4. Business Phone No.	5. State of Incorporation			
	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
FOOD PRODUCTS AT RETAIL & WHOLESALE PRICES, READY MADE AND PREPARED FOODS, BAKED GOODS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
MARIA A. DOMINGUEZ			ASHLEY DOMINGUEZ		
Street Address			Street Address		
680 BROAD STREET			680 BROAD STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907	PROVIDENCE	RI	02907
Secretary Name			Treasurer Name		
MARIA A. DOMINGUEZ			MARIA A. DOMINGUEZ		
Street Address			Street Address		
680 BROAD STREET			680 BROAD STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907	PROVIDENCE	RI	02907

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
MARIA A. DOMINGUEZ					
Street Address			Street Address		
680 BROAD STREET					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	COMMON	NO PAR VALUE	7.62	COMMON	NO PAR VALUE

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.

[redacted] [redacted]

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71925-8-731467

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

MARIA A. DOMINGUEZ
Print or Type Name

[redacted] PRESIDENT
Title

Form 630 Rev. 12/06