

MI SUENO, INC

1. Corporate ID No. 144408

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.

3. Street Address Principal Bus	siness Offica	<u> </u>				
1070 BROAD STREET			PROVIDENCE	State RI	<sup>Zip</sup> 02905	
4. Business Phone No. 401-383-5571		RHODE ISL	5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Cha TO OPERATE A RES	racter of Business Conduc STAURANT WITH LI	ted in Rhode Island VE AND DJ ENTERTE	EINMENT	· · · · · · · · · · · · · · · · · · ·		
7. NAMES AND ADDRE	SSES OF THE OFFI	CERS: ("X" BOX FOR	ATTACHMENT) [7] FILL IN S	PACES REFORE TISTNO	2 ATTACHMENTS	
President Name			TTACHMENT)    FILL IN SPACES BEFORE USING ATTACHMENTS  : Vice President Name			
JESUS TITIN			SAME			
Street Address			Street Address			
1070 BROAD STRE	ET		Sireti Pinuress			
City PROVIDENCE	State RI	<sup>Ζφ</sup> 0 <b>290</b> 5	City	State	Zip	
Secretary Name SAME			Treasurer Name SAME			
Street Address			Street Address			
City	State	Zip	City.			
·		$\Sigma \psi$	City	State	Zip	
. NAMES AND ADDRE	SSES OF THE DIRE	CTORS: ("X" BOX FO	R ATTACHMENT) [] FILL IN	SPACES BEFORE USIN	 NG ATTACHMENTS	
Virector Name			Director Name			
Street Address			Street Address	Street Address		
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Ĉity .	State	Z.ip	City	State	Zip	
Pirector Name			Director Name			
Street Address			Street Address	Street Address		
Bity	State	Zip	City	State	Zip	
. SHARES AUTHORIZE	 ED <i>("X" BOX FOR .</i>	ATTACHMENT) [	10. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) [	
UTHORIZED SHARES		<u> </u>	ISSUED SHARES — THIS SEC			
'umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
800 	NO PAR VALUE		0			
his report must be exec	cuted on behalf of th	e corporation by an auti	horized representative. If the co	rnoration is in the hand	de of a receiver or trustee	
nis report must be execu	uted on behalf of the	corporation by the reco	eiver or trustee.	aporation is in the half	is of a receiver or trustee,	
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			including any accor	npanying schedules and st	that I have examined this report atements, and that all statemen	
	MAAR 4 0 004	2	contained herein are	true and confect.		
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	<u> </u>		Signature	1	Date C	
Check No	3125			 	Date	
			<u>JESUS TITI</u>	N		
By:		<del></del>	Print or Type Name		<del></del>	
FOR SECRETARY C	OF STATE USE ONLY		PRESIDEN'	Т		
			Title			
					Form 630 Rev. 12/06	