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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
Filing Fee: $50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation		
104135	Mexico Restaurant Garibaldi Inc		
3. Principal office address: 948 Atwells Ave	City: Prov.	State: R.I.	Zip: 02909
4. Business Phone No.: 401-3314985	5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: Food Service			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Jose L. Ruiz	Elia Ruiz
Street Address: 948 Atwells Ave	Street Address: Same
City: Prov / State: R.I. / Zip: 02909	City / State / Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

2012 DEC -3 PM 12:08 STATE OF RHODE ISLAND

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.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,500.00		100.00

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.

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY
83765-2-786429

FILED now
DEC 03 2012
BY 02104716

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 of Authorized Representative — Date: 12-3-12

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012