



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 **2013**

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. 69966		2. Exact name of the Corporation Tortilleria, Inc.			
3. Principal office address 800 Atwells Avenue		City Providence	State RI	Zip 02909	
4. Business Phone No. (401) 331-6469		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The sale of food products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Enrique Sanchez, Sr.			Vice-President Name Enrique Sanchez, Jr.		
Street Address 802 Atwells Avenue			Street Address 1533 Plainfield Pike		
City Providence	State RI	Zip 02909	City Johnston	State RI	Zip 02919
Secretary Name Ivan Sanchez			Treasurer Name Juan Sanchez		
Street Address 21 John Street			Street Address 396 Jastram Street		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02908
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Enrique Sanchez, Sr.			Director Name Enrique Sanchez, Jr.		
Street Address 802 Atwells Avenue			Street Address 1533 Plainfield Pike		
City Providence	State RI	Zip 02909	City Johnston	State RI	Zip 02919
Director Name Ivan Sanchez			Director Name Juan Sanchez		
Street Address 21 John Street			Street Address 396 Jastram Street		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02908
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	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.

File Date _____

Check No _____

By: _____

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 **3-28-13**

Enrique Sanchez, Sr.

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

FILED
MAY 22 2013
8337 E 13304
BY 8337 E 13304
DIVISION OF BUSINESS SERVICES
OFFICE OF THE SECRETARY OF STATE
PROVIDENCE, RHODE ISLAND