



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 2014**

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. <b>846717</b>		2. Exact name of the Corporation <b>CUATRO AMIGOS, INC.</b>			
3. Principal office address <b>2000 MENDON ROAD, STE. 10</b>		City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	
4. Business Phone No. <b>508-967-5557</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT &amp; ENTERTAINMENT ESTABLISHMENT</b>					
<b>7. ALL OFFICERS (NAME AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>JOSE ANTONIO SANTILLAN</b>			Vice-President Name <b>MIGUEL RAMOS MEDINA</b>		
Street Address <b>9 SPRICE STREET, APT. 2</b>			Street Address <b>1215 ASPEN GLEN DRIVE</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>HAMDEN</b>	State <b>CT</b>	Zip <b>06518</b>
Secretary Name <b>JOSE ANTONIO SANTILLAN</b>			Treasurer Name <b>MIGUEL RAMOS MEDINA</b>		
Street Address <b>9 SPRUCE STREET, APT. 2</b>			Street Address <b>1215 ASPEN GLEN DRIVE</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>HAMDEN</b>	State <b>CT</b>	Zip <b>06518</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>JOSE ANTONIO SANTILLAN</b>			Director Name <b>MIGUEL RAMOS MEDINA</b>		
Street Address <b>9 SPRUCE STREET, APT. 2</b>			Street Address <b>1215 ASPEN GLEN DRIVE</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>HAMDEN</b>	State <b>CT</b>	Zip <b>06518</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>					
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.					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					

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

**FILED**

**DEC 20 2013**

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.

*Jose Antonio Santillan* 12-18-13  
Signature of Authorized Representative Date

**JOSE ANTONIO SANTILLAN, PRESIDENT**

Print or Type Name of Authorized Representative