



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 2015

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. 704047		2. Exact name of the Corporation EL ENCANTO MARKET, INC			
3. Principal office address 508 PLAINFIELD STREET		City PROVIDENCE	State RI	Zip 02909	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GROCERY STORE					
President Name LOURDES RODRIGUEZ					
Vice-President Name					
Street Address 78 APPLETON STREET					
City PROVIDENCE		State RI	Zip 02909	City	
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name LOURDES RODRIGUEZ					
Street Address 78 APPLETON STREET					
City PROVIDENCE		State RI	Zip 02909	City	
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
NUMBER OF SHARES 1000					
CLASS/SERIES COMMON					
PAR VALUE NO PAR VALUE					

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.

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.

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.

LOURDES RODRIGUEZ 02/10/2015
Signature of Authorized Representative Date

LOURDES RODRIGUEZ

Print or Type Name of Authorized Representative

BY

FILED

FEB 25 2015

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