



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. 809940		2. Exact name of the Corporation Padilla Enterprises, Inc.			
3. Principal office address 52 Mt. Pleasant Avenue		City Providence	State RI	Zip 02908	
4. Business Phone No. 401-413-1474		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail - Restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Eddie Padilla			Vice-President Name Marta Hawitt		
Street Address 42 Rowan Street			Street Address 42 Rowan Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Eddie Padilla			Treasurer Name Eddie Padilla		
Street Address 42 Rowan Street			Street Address 42 Rowan Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Eddie Padilla			Director Name Marta Hawitt		
Street Address 42 Rowan Street			Street Address 42 Rowan Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			1000		\$.01

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

APR 06 2015

By 246323

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.

X Eddie Padilla 03/31/2015
Signature of Authorized Representative Date

Eddie Padilla

Print or Type Name of Authorized Representative