

Amend



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. 151049		2. Exact name of the Corporation MI RANCHITO INC			
3. Principal office address 1516 Westminister St		City Providence	State RI	Zip 02909	
4. Business Phone No. 401-331-6584		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RESTAURANT					
President Name GLORIA MORALES			Vice-President Name FREDY MORALES		
Street Address 516 Westminister St			Street Address 516 Westminister St		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name			Treasurer 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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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 VALUE	

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DIVISION OF BUSINESS SERVICES
2015 SEP 21 PM 1:02

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.



FILED

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BY CM 1:02

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.

Fredy Morales
Signature of Authorized Representative Date

FREDY MORALES

Print or Type Name of Authorized Representative