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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 2016

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.	2. Exact name of the Corporation			
120697	Carrasco Corporation			
3. Principal office address: 97 Lonsdale Ave	City: Pawtucket	State: RI	Zip: 02860	
4. Business Phone No.: (401) 725-2959	5. State of Incorporation: RI			
6. Brief description of the character of business conducted in Rhode Island: Restaurant				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Daniel Carrasco			Vice-President Name: Daniel Carrasco		
Street Address: 141 Allston St.			Street Address: Same		
City: Providence	State: RI	Zip: 02908	City:	State:	Zip:
Secretary Name: Newton Carrasco			Treasurer Name: Daniel Carrasco		
Street Address: 13 Pinegrove St.			Street Address: Same		
City: Pawtucket	State: RI	Zip: 02861	City:	State:	Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Daniel Carrasco			Director Name:		
Street Address: Same			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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

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

Print or Type Name of Authorized Representative

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File Date
Check No
By:
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Form No. 630
Revised: 01/2012
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