



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. <b>846717</b>		2. Exact name of the Corporation <b>CUATRO AMIGOS, INC.</b>			
3. Principal office address <b>132 OLD RIVER ROAD, SUITE 205</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
4. Business Phone No. <b>401-333-6300</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>					
7. LIST <b>ALL</b> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>JOSE ANTONIO SANTILLAN</b>			Vice-President 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>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST <b>ALL</b> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <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
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			10,000	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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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

**JOSE ANTONIO SANTILLAN, PRESIDENT**

Print or Type Name of Authorized Representative

BY 189915 DS

**FILED**

**MAR 03 2016**