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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
791569	COMERCIALIZADORA LA FERIA DE LAS FAJAS INC

3. Principal office address	City	State	Zip
62 NEWPORT AVE	RUMFORD	RI	02916

4. Business Phone No.	5. State of Incorporation
401-726-6162	RI

6. Brief description of the character of business conducted in Rhode Island
RETAIL WOMEN CLOTHES AND ACCESSORIES AND ONLINE SALES OF STRAPLESS BODY GIRDLES

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

President Name	Street Address	City	State	Zip
MARIA RUTH CUERVO	300 EAST WASHINGTON ST	NORTH ATTLEBORO	MA	02760

Vice-President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
NONE				

Treasurer Name	Street Address	City	State	Zip
NONE				

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
1000	STK	0.10

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.

FOR SECRETARY OF STATE USE ONLY
File Date:
Cert. No.
By:

FILED
MAR 17 2016
BY 1647

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.

Maria Ruth Cuervo 03/09/2016
Signature of Authorized Representative Date

MARIA RUTH CUERVO-PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
134122-1-1117409