



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. 809940		2. Exact name of the Corporation Padilla Enterprises, Inc						
3. Principal office address 50 Mt Pleasant Ave		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) <input type="checkbox"/>								
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) <input type="checkbox"/>								
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) <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
						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

MAR 29 2016

Form No. 630
Revised: 01/2012

By AB 271 227

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.

Eddie Padilla 03/29/2016
Signature of Authorized Representative Date

Eddie Padilla

Print or Type Name of Authorized Representative