



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. 486325		2. Exact name of the Corporation Palomares, Inc.			
3. Principal office address 8220 Post Road			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 508-333-2120		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Restaurant.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Maria de los Angeles Uribe			Vice-President Name Francisco Lepe		
Street Address 153 Exeter Road			Street Address 25 Hull Street		
City North Kingstown	State RI	Zip 02852	City Beverly	State MA	Zip 01915
Secretary Name Francisco Lepe			Treasurer Name Maria de los Angeles Uribe		
Street Address 25 Hull Street			Street Address 153 Exeter Road		
City Beverly	State MA	Zip 01915	City North Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Maria de los Angeles Uribe			Director Name Francisco Lepe		
Street Address 153 Exeter Road			Street Address 25 Hull Street		
City North Kingstown	State RI	Zip 02852	City Beverly	State MA	Zip 01915
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 checked="" 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
			300	COMMON	NONE

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 30 2016

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 Angeles Uribe 3/28/16
 Signature of Authorized Representative Date
Maria de los Angeles Uribe, President
 Print or Type Name of Authorized Representative

By 201293
A.A.