



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

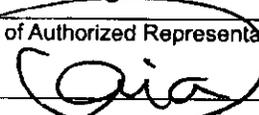
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN -7 AM 10:21

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
1007655		BANIF, INC.			
3. Principal Office Address			City	State	Zip
P.O. Box 703			Fall River	MA	02722
4. Business Phone Number			5. State of Incorporation		
(508) 269-3162			MA		
6. Brief description of the character of business conducted in Rhode Island					
Foreign Remittance					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Ermelinda Albergaria			Vice-President Name None		
Street Address P.O. Box 703			Street Address		
City Fall River	State MA	Zip 02722	City	State	Zip
Secretary Name Walter Frazee			Treasurer Name Ermelinda Albergaria		
Street Address 345 N Main St			Street Address P.O. Box 703		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02722
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Ermelinda Albergaria			Director Name		
Street Address P.O. Box 703			Street Address		
City Fall River	State MA	Zip 02722	City	State	Zip
9. Shares Authorized			10. Shares Issued <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100,000.00	Common	100,000.00
11. 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. <i>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.</i>					
Name of Authorized Representative Ermelinda Albergaria				Date 6/2/2016	
Signature of Authorized Representative 					

FILED

JUN 07 2016

By 276054

16M