RI SOS Filing Number: 201603355120 Date: 08/10/2016 4:00 PM

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

Annual Report for the year: 2016
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

2016 AUG 10 A 10:21
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID Number	2. Exact name of the Corporation		
001341207	Amaya Primo Inc.		
3. Principal Office Address	City	State	Zip
1666 Diamond Hill Road	Cumberland	RI	02864
4. Business Phone Number	5. State of Incorporation		
1 (508) 269-3160	Rhode Island		

6. Brief description of the character of business conducted in Rhode Island
Restaurant

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Ever O. Amaya	
Street Address: 14 Hodges Street	Street Address:
City: Attleboro / State: MA / Zip: 02703	City / State / Zip:
Secretary Name: Alexander Amaya	Treasurer Name: Ever O Amaya
Street Address: 431 Winthrop St	Street Address: 14 Hodges St
City: Taunton / State: MA / Zip: 02780	City: Attleboro / State: MA / Zip: 02703

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Ever O. Amaya	Alexander Amaya
Street Address: 14 Hodges Street	Street Address: 431 Winthrop Street
City: Attleboro / State: MA / Zip: 02703	City: Taunton / State: MA / Zip: 02780

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1,000	CUP	0
Changes require an additional filing.			

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.

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.

Name of Authorized Representative: Ever O Amaya — Date: 8/4/16

Signature of Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

10:28 **FILED**
AUG 10 2016
BY 280986

FORM 630 - Revised: 05/2016

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