



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. <u>821350</u>		2. Exact name of the Corporation <u>LA ESQUINA INC.</u>		3. Principal office address <u>192 OAKLAND AVE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02908</u>
4. Business Phone No.		5. State of Incorporation <u>RI</u>				6. Brief description of the character of business conducted in Rhode Island <u>BAR & GRILL</u>		
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>								
President Name <u>MARTA DOURADO</u>				Vice-President Name <u>ARIEL CONDOR</u>				
Street Address <u>192 OAKLAND AVE</u>				Street Address <u>SAME</u>				
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip	City	State	Zip
Secretary Name				Treasurer Name <u>MARTA DOURADO</u>				
Street Address				Street Address				
City	State	Zip	City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>								
Director Name				Director Name				
Street Address				Street Address				
City	State	Zip	City	State	Zip	City	State	Zip
Director Name				Director Name				
Street Address				Street Address				
City	State	Zip	City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <u>1000</u> 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		
				<u>NONE</u>	<u>COMMON</u>	<u>.01</u>		

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: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

11 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.

Marta Dourado 5-11-16
Signature of Authorized Representative Date

Marta Dourado
Print or Type Name of Authorized Representative

By ARC 11429902