



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2016 SEP 21 PM 1:06

1. Entity ID Number <b>991874</b>		2. Exact name of the Corporation <b>Tio Pepe, Inc.</b>			
3. Principal Office Address <b>508 Dexter Street</b>		City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	
4. Business Phone Number <b>774-226-5369</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Bar/Restaurant</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Alicia A. Lopez</b>		Vice-President Name			
Street Address <b>605 Hodges Street</b>		Street Address			
City <b>Taunton</b>	State <b>MA</b>	Zip <b>02780</b>	City	State	Zip
Secretary Name <b>Hector R. Lopez</b>		Treasurer Name <b>Alicia A. Lopez</b>			
Street Address <b>605 Hodges Street</b>		Street Address <b>605 Hodges Street</b>			
City <b>Taunton</b>	State <b>MA</b>	Zip <b>02780</b>	City <b>Taunton</b>	State <b>MA</b>	Zip <b>02780</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Alicia A. Lopez</b>		Director Name <b>Hector R. Lopez</b>			
Street Address <b>605 Hodges Street</b>		Street Address <b>605 Hodges Street</b>			
City <b>Taunton</b>	State <b>MA</b>	Zip <b>02780</b>	City <b>Taunton</b>	State <b>MA</b>	Zip <b>02780</b>
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>common</b>	<b>.01</b>
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 				Date <b>9/21/16</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

**FILED**

SEP 21 2016

By 4 284045

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