



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2016 SEP 21 PM 1:06

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

FILED

SEP 21 2016

By 4284045

FORM 630 - Revised: 05/2016