RI SOS Filing Number: 201730159730 Date: 01/13/2017 4:00 PM

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

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CORPORATION DIV
2017 JAN 13 PM 3:08

Annual Report for the year: 2017
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation		
1340362	**TASQUINHA RESTAURANT, INC.**		
3. Principal Office Address	City	State	Zip
218 WARREN AVENUE	**EAST PROVIDENCE**	**RI**	**02914**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
44-45 - Retail Trade	**RESTAURANT**		
5. State of Incorporation			
RHODE ISLAND			

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

President Name **HUMBERTO FREITAS**			Vice-President Name **LUCIA F. FREITAS**		
Street Address **171 TANGENT STREET**			Street Address **171 TANGENT STREET**		
City **EAST PROVIDENCE**	State **RI**	Zip **02914**	City **EAST PROVIDENCE**	State **RI**	Zip **02914**
Secretary Name **LUCIA F. FREITAS**			Treasurer Name **HUMBERTO FREITAS**		
Street Address **171 TANGENT STREET**			Street Address **171 TANGENT STREET**		
City **EAST PROVIDENCE**	State **RI**	Zip **02914**	City **EAST PROVIDENCE**	State **RI**	Zip **02914**

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

Director Name **HUMBERTO FREITAS**			Director Name **LUCIA F. FREITAS**		
Street Address **171 TANGENT STREET**			Street Address **171 TANGENT STREET**		
City **EAST PROVIDENCE**	State **RI**	Zip **02914**	City **EAST PROVIDENCE**	State **RI**	Zip **02914**
Director Name **NONE**			Director Name **NONE**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 SHARES**	**COMMON**	**NO PAR**
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	Date
HUMBERTO FREITAS	**JANUARY 5, 2017**

Signature of Authorized Representative

FILED
JAN 13 2017
BY CL 293193

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

14757-9-1180979

FORM 630 - Revised: 10/2016