



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

**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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUSINESS DIV

2017 JAN 13 PM 3:08

1. Entity ID Number <b>1340362</b>		2. Exact name of the Corporation <b>TASQUINHA RESTAURANT, INC.</b>		
3. Principal Office Address <b>218 WARREN AVENUE</b>		City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>44-45 - Retail Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</b>			
5. State of Incorporation <b>RHODE ISLAND</b>				
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>HUMBERTO FREITAS</b>		Vice-President Name <b>LUCIA F. FREITAS</b>		
Street Address <b>171 TANGENT STREET</b>		Street Address <b>171 TANGENT STREET</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
Secretary Name <b>LUCIA F. FREITAS</b>		Treasurer Name <b>HUMBERTO FREITAS</b>		
Street Address <b>171 TANGENT STREET</b>		Street Address <b>171 TANGENT STREET</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>HUMBERTO FREITAS</b>		Director Name <b>LUCIA F. FREITAS</b>		
Street Address <b>171 TANGENT STREET</b>		Street Address <b>171 TANGENT STREET</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES <b>1,000 SHARES</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</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 <b>HUMBERTO FREITAS</b>			Date <b>JANUARY 5, 2017</b>	
Signature of Authorized Representative 			<b>FILED</b> JAN 13 2017	

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

BY CU 293193