



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

FILED

JAN 23 2017

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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.

BY 09774

1. Entity ID Number 67919		2. Exact name of the Corporation PANADERIA EL QUETZAL, INC.			
3. Principal Office Address 445 HARTFORD AVE.		City PROVIDENCE		State RI	Zip 08909
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island BAKERY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSE MARQUEZ			Vice-President Name JOSE MARQUEZ		
Street Address 16 MELISSA ST.			Street Address 16 MELISSA ST.		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
			PAR VALUE		NONE
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 JOSE MARQUEZ				Date 01/17/17	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					
SIGN DOCUMENT HERE					

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