RI SOS Filing Number: 201734996700 Date: 2/27/2017 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation			
82876	**Tito's Cantina, Inc.**			
3. Principal Office Address		City	State	Zip
651 West Main Road		**Middletown**	**RI**	**02842**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - Other Services (except Pul	**To engage in the sale and marketing of Mexican food.**			
5. State of Incorporation				
Rhode Island				

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

President Name			Vice-President Name		
Richard O, Reavis			**Vince A. Arcello**		
Street Address			Street Address		
4 Pokanoket Trail			**17 Meadow Lane**		
City / State / Zip			City / State / Zip		
Warren	**RI**	**02855**	**Bristol**	**RI**	**02809**
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 ☐

Director Name			Director Name		
Richard O. Reavis			**Vince A. Arcello**		
Street Address			Street Address		
Same as above			**Same as above**		
City / State / Zip			City / State / Zip		
Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	**Common**	**No par value**

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
Richard O. Reavis	1/29/2017

Signature of Authorized Representative: Richard Reavis SIGN DOCUMENT HERE

FILED
FEB 27 2017
BY 23449 DS

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

FORM 630 - Revised: 10/2016