



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

**STAMP****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 <b>796057</b>		2. Exact name of the Corporation <b>EL QUICHE BAKERY STORE, INC</b>											
3. Principal Office Address <b>1076 CHALKSTONE AVENUE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>									
4. NAICS Code <b>44-45 - Retail Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>ALL KIND OF GUATEMALAN GROCERY</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>CARLOS CRUZ</b>		Vice-President Name <b>SAME</b>											
Street Address <b>2 CHAPEL STREET</b>		Street Address											
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City	State									
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>											
Street Address		Street Address											
City	State	Zip	City	State									
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>CARLOS CRUZ</b>		Director Name											
Street Address <b>2 CHAPEL STREET</b>		Street Address											
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City	State									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
9. Shares Authorized		10. Shares Issued <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.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>8,000.00</b></td> <td><b>STK</b></td> <td><b>\$0.0100</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>8,000.00</b>	<b>STK</b>	<b>\$0.0100</b>			
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		<b>8,000.00</b>	<b>STK</b>	<b>\$0.0100</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>CARLOS CRUZ</b>			Date <b>03/01/2017</b>										
Signature of Authorized Representative 			<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 0.8em; margin: 0;">SIGN DOCUMENT HERE</div> <div style="font-size: 0.8em; margin: 0;">MAR 15 2017</div>										