



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.

STAMP

FOR

1. Entity ID Number 69083		2. Exact name of the Corporation SANCHEZ ENTERPRISES, INC												
3. Principal Office Address 676 BROAD STREET		City PROVIDENCE		State RI	Zip 02907									
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island FOODS PRODUCTS AT RETAIL & WHOLESALE PRICES READY MADE AND PREPARED FOODS, BAKED GOODS												
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 MARIA A. DOMINGUEZ			Vice-President Name SAME											
Street Address 676 BROAD STREET			Street Address											
City PROVIDENCE	State RI	Zip 02907	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
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 MARIA DOMINGUEZ			Director Name											
Street Address 676 BROAD STREET			Street Address											
City PROVIDENCE	State RI	Zip 02907	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 <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>8.00</td><td>COMMON</td><td>NO PAR VALUE</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8.00	COMMON	NO PAR VALUE			
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8.00	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 MARIA DOMINGUEZ				Date 02/23/2017										
Signature of Authorized Representative <i>X Maria Dominguez</i>				SIGN DOCUMENT HERE										

FILED

MAR 23 2017

BY

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FORM 630 - Revised: 10/2016