



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2017 APR -3 PM 3:00

|   |                    |  |   |                       |                     |
|---|--------------------|--|---|-----------------------|---------------------|
| 1. Entity ID Number<br><b>120697</b>  |                    | 2. Exact name of the Corporation<br><b>CARRASCO CORPORATION</b>                                  |   |                       |                     |
| 3. Principal Office Address<br><b>97 LOWSDALE AVE.</b>  |                    |  | City<br><b>PAWTUCKET</b>  | State<br><b>RI</b>    | Zip<br><b>02860</b> |
| 4. NAICS Code<br><b>72</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Restaurant</b> |   |                       |                     |
| 5. State of Incorporation<br><b>RI</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<br><b>Daniel Carrasco</b>  |                    |  | Vice-President Name<br><b>Daniel Carrasco</b>   |                       |                     |
| Street Address<br><b>141 Allston St.</b>  |                    |  | Street Address<br><b>same</b>   |                       |                     |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02908</b>  | City  | State                 | Zip                 |
| Secretary Name<br><b>Newton Carrasco</b>  |                    |  | Treasurer Name<br><b>Daniel Carrasco</b>  |                       |                     |
| Street Address<br><b>13 Pinegrove St.</b>   |                    |  | Street Address<br><b>same</b>   |                       |                     |
| City<br><b>Pawtucket</b>  | State<br><b>RI</b> | Zip<br><b>02860</b>  | City  | State                 | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                       |                     |
| Director Name<br><b>Daniel Carrasco</b>   |                    |  | 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 <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.<br><br>Changes require an additional filing.  |                    |  | NUMBER OF SHARES  | CLASS/SERIES          | PAR VALUE           |
|   |                    |  | <b>200</b>  | <b>Common</b>         | <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. |                    |  |   |                       |                     |
| <b>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.</b>                                       |                    |  |   |                       |                     |
| Name of Authorized Representative<br><b>Newton Carrasco</b>   |                    |  |   | Date<br><b>4-3-17</b> |                     |
| Signature of Authorized Representative<br><i>[Signature]</i>  |                    |  |   |                       |                     |

SIGN DOCUMENT HERE **FILED**

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

APR 03 2017  
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