



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 APR -3 PM 3:00

1. Entity ID Number 120697		2. Exact name of the Corporation CARRASCO CORPORATION			
3. Principal Office Address 97 LOWSDALE AVE.			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 72		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Carrasco			Vice-President Name Daniel Carrasco		
Street Address 141 Allston St.			Street Address same		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Newton Carrasco			Treasurer Name Daniel Carrasco		
Street Address 13 Pinegrove St.			Street Address same		
City Pawtucket	State RI	Zip 02860	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel Carrasco			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	
				PAR VALUE	
				200	
				Common	
				NO Par	
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 Newton Carrasco					Date 4-3-17
Signature of Authorized Representative <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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