



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>484575</b>		2. Exact name of the Corporation <b>Bacani Enterprises, Ltd.</b>				
3. Principal Office Address <b>1551 Centreville Road</b>			City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>72</b>		6. Brief description of the character of business conducted in Rhode Island <b>Food service.</b>				
5. State of Incorporation <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 <b>Ricardo Bacani</b>			Vice-President Name <b>Vacant</b>			
Street Address <b>66 Staples Avenue</b>			Street Address			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip	
Secretary Name <b>Ricardo Bacani</b>			Treasurer Name <b>Ricardo Bacani</b>			
Street Address <b>66 Staples Avenue</b>			Street Address <b>66 Staples Avenue</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
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>Ricardo Bacani</b>			Director Name			
Street Address <b>66 Staples Avenue</b>			Street Address			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	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. <b>1000</b> Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
		<b>100</b>	<b>Common</b>	<b>No par value</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. 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 <b>Ricardo Bacani</b>					Date <b>3-30-17</b>	
Signature of Authorized Representative <i>Ricardo Bacani</i>						

SIGN DOCUMENT HERE

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

**FILED**

APR 05 2017

BY 2778 DS