



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.

1. Entity ID Number <b>000080767</b>		2. Exact name of the Corporation <b>CUATRO AMIGOS HOLDING CORP.</b>	
3. Principal Office Address <b>253 ALLENS AVENUE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02905</b>	
4. NAICS Code <b>53 - Real Estate and Rental anc</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO CARRY ON AND CONDUCT THE BUSINESS OF OWNING, OPERATING, LEASING AND/OR MANAGING REAL ESTATE</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>H CHARLES TAPALIAN</b>		Vice-President Name <b>SAME</b>	
Street Address <b>4740 11TH AVENUE SW</b>		Street Address	
City <b>NAPLES</b>	State <b>FLORIDA</b>	Zip <b>34116</b>	
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>	
Street Address		Street Address	
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 <b>SAME</b>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <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.			
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
NUMBER OF SHARES <b>2,000</b>		CLASS/SERIES <b>CNP</b>	
		PAR VALUE <b>\$0.00</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 <b>H CHARLES TAPALIAN</b>		Date <b>08/15/2017</b>	
Signature of Authorized Representative			

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY CA 311455

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