



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2012
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 000080767		2. Exact name of the Corporation CUATRO AMIGOS HOLDING CORP.			
3. Principal Office Address 253 ALLENS AVENUE			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 53 - Real Estate and Rental anc		6. Brief description of the character of business conducted in Rhode Island TO CARRY ON AND CONDUCT THE BUSINESS OF OWNING, OPERATING, LEASING AND/OR MANAGING REAL ESTATE			
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 H CHARLES TAPALIAN			Vice-President Name SAME		
Street Address 4740 11TH AVENUE SW			Street Address		
City NAPLES	State FLORIDA	Zip 34116	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 SAME			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		PAR VALUE
			2,000	CNP	\$0.00
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 H CHARLES TAPALIAN				Date 08/15/2017	
Signature of Authorized Representative				FILED	

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

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BY CU 311455 FORM 630 - Revised: 02/2017