



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

Annual Report for the year: **2011**  
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  
RI DEPT. OF STATE  
BUS. SVCS. DIV.  
2017 AUG 31 AM 10:51  
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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>
4. NAICS Code <b>53 - Real Estate and Rental and</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>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	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	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. 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>2,000 CNP \$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  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

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BY AK 311455

FORM 630 - Revised: 02/2017