



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015

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 99702 | | 2. Exact name of the Corporation Urizar Gift Shop inc | | | |
| 3. Principal Office Address 229 Manton Ave | | City Providence | | State RI | Zip 02902 |
| 4. NAICS Code 424320 | | 6. Brief description of the character of business conducted in Rhode Island sell clothes and accesories | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| President Name Maria O. Castillo | | | Vice-President Name | | |
| Street Address 144 Waterman Ave | | | Street Address | | |
| City Cranston | State RI | Zip 02910 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| 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 | | | 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| Changes require an additional filing. | | | NUMBER OF SHARES 1,000 | CLASS/SERIES CNP | PAR VALUE 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 Maria O. Castillo | | | | Date 12-7-2017 | |
| Signature of Authorized Representative Maria O Castillo | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

DEC 07 2017
BY **319349**
FORM 630 - Revised: 03/2017
2.25