RI SOS Filing Number: 201859308880 Date: 2/26/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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	2 Exact name of the Corporation		
000570945	TABARES BROS 3 , INC		
3 Principal Office Address: 768 BROAD STREET	City: CENTRAL FALLS	State: RI	Zip: 02863
4 NAICS Code: 531390	6 Brief description of the character of business conducted in Rhode Island: REAL ESTATE		
5 State of Incorporation: RHODE ISLAND			

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: GEOVANNY TABARES	Vice-President Name: CRISTIAN TABARES
Street Address: 768 BROAD STREET	Street Address: 108 FOUNDRY STREET
City: CENTRAL FALLS State: RI Zip: 02863	City: CENTRAL FALLS State: RI Zip: 02863
Secretary Name: SERGIO TABARES	Treasurer Name: SERGIO TABARES
Street Address: 108 FOUNDRY STREET	Street Address: 108 FOUNDRY STREET
City: CENTRAL FALLS State: RI Zip: 02863	City: CENTRAL FALLS State: RI Zip: 02863

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: GEOVANNY TABARES	Director Name: CRISTIAN TABARES
Street Address: 108 FOUNDRY STREET	Street Address: 108 FOUNDRY STREET
City: CENTRAL FALLS State: RI Zip: 02863	City: CENTRAL FALLS State: RI Zip: 02863
Director Name: SERGIO TABARES	Director Name: SERGIO TABARES
Street Address: 108 FOUNDRY STREET	Street Address: 108 FOUNDRY STREET
City: CENTRAL FALLS State: RI Zip: 02863	City: CENTRAL FALLS State: RI Zip: 02863

9 Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	STK	0.001

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: CRISTIAN TABARES

Date: 02/08/2018

Signature of Authorized Representative: X

FILED

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

FEB 26 2018

BY 2053 DS

BCERT630 Revised: 10/2017