



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 000570945		2. Exact name of the Corporation TABARES BROS 3, INC	
3. Principal Office Address 768 BROAD STREET		City CENTRAL FALLS	State RI
		Zip 02863	
4. NAICS Code 531290	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	City CENTRAL FALLS	State RI
	Zip 02863		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	City CENTRAL FALLS	State RI
	Zip 02863		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	City CENTRAL FALLS	State RI
	Zip 02863		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	City CENTRAL FALLS	State RI
	Zip 02863		Zip 02863
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		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 			

FILED

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FEB 26 2018

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FORM 630 Revised: 10/01/17