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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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Corporation	n			٠	<u> </u>	_	-

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by April 1

Entity ID Number	2. Exact nam	2. Exact name of the Corporation								
484575	Bacani E	Bacani Enterprises, Inc.								
3. Principal Office Address	<u> </u>	· · ·	City		State	Zip				
1551 Centreville Road	Warwick		RI	02886						
4. NAICS Code	6. Brief desci	ription of the charac	ter of business	conducted in Rhode I	sland					
72 d 310	Food Servi	Food Service.								
5. State of Incorporation										
RI										
7. List ALL officers (names a	and addresses)				the box to in	ndicate an attachment 🗖				
President Name Ricardo Bac	Vice-President Name Vacant									
Street Address 66 Staples A	Street Address									
City Warwick	State RI	Zıp 02886	City		State	Zip				
Secretary Name Ricardo Bac	Treasurer Name Ricardo Bacani									
Street Address 66 Staples A	Street Address 66 Staples Avenue									
City Warwick	State RI	Zip 02886	City Warwick		State RI	Zip 02886				
8. List ALL directors (names	and addresses)				the box to i	ndicate an attachment 🗌				
Director Name Ricardo Baca	ani		Director Nam	e						
Street Address 66 Staples A	Street Address									
City Warwick	State RI	Zip 02886	City		State	Zip				
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Nam	e						
Street Address	Street Address									
City State		Zip	City		State	Zip				
City	State	المال	City							
9. Shares Authorized		10. Shares Is			Check the box to indicate an attachme					
This information is currently Department of State.	of record in the	NUMBERO				PAR VALUE				
Changes require an additional filing.		100	Common			No par value				
11. This report must be exe	cuted on behalf of the	corporation by an	authorized repre	esentative. If the corp	oration is in	the hands of a receiver or				
trustee, this report must be	executed on behalf o	f the corporation by	the receiver or	trust <u>ee.</u>						
Under penalty of perjury, statements, and that all s				including any acco	mpanying s	chedules and				
Name of Authorized Repres				Date						
Ricardo Bacani										
Signatu/e/of Authorized Re	presentative .									
liana	m	SIGN DO	OCUMBAT 15	1 2						
	11				<u> </u>					

MAIL TQ:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 2 5 2018