RI SOS Filing Number: 201877964550 Date: 9/21/2018 4:00:00 PM

State of Phode Island and	l Drouidanca Blant	ations			·		
State of Rhode Island and Department of Sta			vision				
Prof. S.	_	\ \Q					
Annual Report for the year Corporation	ar(					•	
→ Filing period: January 1 - M	larch 1						
→ Filing Fee: \$50.00	(E.S						
→ Penalty: Additional \$25.00 fe				·7 ·	_		
1. Entity ID Number	2. Exact name of						
000101611	PALAGIS	2000 11	1 - 1		- Icu-i-	In.	
3. Principal Office Address  5 5 BA(0A)	c /		City	<i>vcket</i>	State R Z	12P	60
4 NAICS Code	6 Brief description	on of the character	of business	conducted in Phode I	eland		
122330	₩ W14	ole Sphi	IC- (	ALAM AND	E ROZO	~ Lemon	Ada
5. State of incorporation							
RHODE ISLAND							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name ALEN ANDRO ARTEAGA			Vice-President Name RD DR/G & FURCZ				
Street Address			Street Address				
City C State Zip			3 / 1 g	NTATION		/J,	
PAINTUCKET R.I: 0286			OXFUA	O MASSI	MA-	_ I''' F	
Secretary Name  ARTEAGA			Treasurer Name  R O DO I CO I- / a A O >				
Street Address			Street Address				
City State Izio			3 PL 2 1 1 1 0 N R 0 P P.  City				
VANT.	RI.	02861		GRO	M4	25J E	
8. List ALL directors (names and addresses)  Check the box to indicate an attachmen  Director Name						nent 🔲	
ALEVANDRO ARTEACA				· · · · · · · · · · · · · · · · · · ·			
237 SUFFOLK AVE			Street Address				
City On the American	State	7in	City	<del></del>	State	Zip	
Director Name			Director Name				
RODRIGO FLOREZ							
Street Address 3 PLANTATION ROAD			Street Address				
City	State	Zip	City	<del></del>	State	Zip	
9. Shares Authorized	MASS	10. Shares Issue	d	Check	the hox to in	ndicate an attachn	nent 🗆
This information is currently of record in the Department of State.		NUMBER OF SH		CLASS/SERIE		PAR VALUE	
		1.000	)	<u> </u>		NODAR V.	DZ40
Changes require an additional filing.		,				,	
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  Date							
					- I	15-10	
ALEVANDRO ARTEAGA  Signature of Authorized Representative							
African Sign DOCUMENT HERE FIFT							
MAIL TO:	المرا لكان	- Jan	<del></del>	SED 1			
Division of Business Services		•		SEP 2 1 2018	02/		
148 W. River Street, Providence, Rhode Island 02904-2615 <b>Phone:</b> (401) 222-3040			8Y	10921	<b>U</b> -		
Website: www.sos.ri.gov FORM 630 - Revised: 10/2011							i: 10/2017