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		
000101611	PALACIOS 2000 INC.		
3. Principal Office Address	**City**	**State**	**Zip**
55 BACON St.	PAWTUCKET	R.I.	02860
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
722330	WHOLESALE ICE CREAM AND FROZEN LEMONADE SALES TO COMPANY OWNED TRUCKS. (ICE CREAM TRUCKS)		
5. State of Incorporation			
RHODE ISLAND			

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

President Name	Vice-President Name
ALEJANDRO ARTEAGA	RODRIGO FLOREZ
Street Address: 237 SUFFOLK AVE	Street Address: 3 PLANTATION ROAD.
City: PAWTUCKET — State: R.I. — Zip: 02860	City: OXFORD MASS. — State: MASS. — Zip:
Secretary Name	**Treasurer Name**
A. ARTEAGA	RODRIGO FLOREZ
Street Address: 237 SUFFOLK AVE	Street Address: 3 PLANTATION ROAD.
City: PAWT. — State: RI. — Zip: 02861	City: OXFORD — State: MASS — Zip:

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

Director Name	Director Name
ALEJANDRO ARTEAGA	
Street Address: 237 SUFFOLK AVE.	Street Address:
City: PAWTUCKET — State: R.I. — Zip: 02861	City: — State: — Zip:
Director Name: RODRIGO FLOREZ	Director Name:
Street Address: 3 PLANTATION ROAD	Street Address:
City: OXFORD — State: MASS — Zip:	City: — State: — Zip:

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
1,000		NO PAR VALUE

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
ALEJANDRO ARTEAGA	9-18-18

Signature of Authorized Representative: Alejandro Arteaga SIGN DOCUMENT HERE

FILED
SEP 21 2018
BY 109210

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

FORM 630 - Revised: 10/2017