



**Department of State - Business Services Division**

**FILED**

FEB 11 2019

BY 10758

**Annual Report for the year: 2019 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 <b>67919</b>		2. Exact name of the Corporation <b>PANADERIA EL QUETZAL, INC.</b>			
3. Principal Office Address <b>445 HARTFORD AVE.</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>311813</b>		6. Brief description of the character of business conducted in Rhode Island <b>BAKERY</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOSE MARQUEZ</b>			Vice-President Name <b>JOSE MARQUEZ</b>		
Street Address <b>16 MELISSA ST.</b>			Street Address <b>16 MELISSA ST.</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>COMMON</b>	<b>NONE</b>
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. <b>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.</b>					
Name of Authorized Representative <b>JOSE MARQUEZ</b>				Date <b>02/04/19</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	