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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019

FEB 1 1 2019

Corporation → Filing period: January 1 - March 1

→ Filing Fee: \$50.00

E 00 for if form is not filed by April 1

→ Penalty: Additional \$25	0.00 fee if form is n	ot tiled by April 1.					
1. Entity ID Number	2. Exact name of the Corporation						
67919	PANADERIA EL QUETZAL, INC.						
3. Principal Office Address	Principal Office Address			City		Zip	
445 HARTFORD AVE.			PROVIDEN	CE	Ri	02909	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
311813	BAKERY						
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names ar	nd addresses)			Check	the box to i	ndicate an attachment	
President Name JOSE MARU	Vice-President Name JOSE MARQUEZ						
Street Address 16 MELISSA S	Street Address 16 MELISSA ST.						
City PROVIDENCE	State RI	Z <sup>IP</sup> 02909	City PROVID	PROVIDENCE		<sup>Žip</sup> 02909	
Secretary Name	<u>_l</u>		Treasurer Name				
Street Address			Street Address				
City	State	Zip	City -		State	Zıp	
O Link All Liding share (manning				Chack	the box to i	ndicate an attachment	
8. List ALL directors (names and addresses)  Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
	104-4-	17	City		State	Zip	
City	State	Zıp	City		State		
9. Shares Authorized	· · · · · · · · · · · · · · · · · · ·	10. Shares is:	sued	Check	the box to in	ndicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		100	100		MMON NONE		
Changes require an additional	filing.				<del></del>		
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	sentative. If the corpo	ration is in t	he hands of a receiver or	
trustee, this report must be ex	xecuted on behalf o	f the corporation by	the receiver or tr	rustee			
Under penalty of perjury, I	declare and affirm	that I have examin	ned this report, i	ncluding any accor	npanying s	chedules and	
statements, and that all sta	na correct.	Orrect.					
Name of Authorized Represe JOSE MARQUEZ					02/04/19		
Signature of Authorized Repr	esentative			<u>.</u>	I	<u> </u>	
	e une	SIGN DO	CUMENT HERE			<u>.</u>	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: wwwv.sos.ri.gov

FORM 630 - Revised: 10/2017