



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV.

2019 MAR 13 AM 10:43

- 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 1056086 | | 2. Exact name of the Corporation El Inca Convenience + Deli Inc. | |
| 3. Principal Office Address 57 Winthrop Ave | | City Providence | State RI |
| | | Zip 02908 | |
| 4. NAICS Code 445120 | 6. Brief description of the character of business conducted in Rhode Island Convenience + Deli store | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Blanca Aristizabal | | Vice-President Name | |
| Street Address 57 Winthrop St | | Street Address | |
| City Providence | State RI | Zip 02908 | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIES |
| | | 1 | STK |
| | | PAR VALUE | \$0.01 |
| 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 Blanca Aristizabal | | Date 03-12-19 | |
| Signature of Authorized Representative Blanca Aristizabal | | FILED MAR 13 2019 BY VKYBC | |

MAIL TO:
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