



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

**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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JUN -7 AM 11:32  
 STAMP

1. Entity ID Number <b>704047</b>		2. Exact name of the Corporation <b>EL ENCANTO MARKET INC</b>			
3. Principal Office Address <b>508 PLAINFIELD STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>811110</b>		6. Brief description of the character of business conducted in Rhode Island <b>GROCERY STORE</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>LOURDES RODRIGUEZ</b>			Vice-President Name		
Street Address <b>78 APPLETON STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>LOURDES RODRIGUEZ</b>			Director Name		
Street Address <b>78 APPLETON STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>1</b>	<b>COMMON</b>	<b>0.01</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. 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 <b>LOURDES RODRIGUEZ</b>				Date <b>06/06/2019</b>	
Signature of Authorized Representative <i>LOURDES RODRIGUEZ</i>				<b>FILED</b>	