



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

Annual Report for the year: Amendment
Corporation

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SECRETARY OF STATE
CORPORATIONS DIV
2019 JUL 24 PM 3:00

- Filing period: January 1 - March 1 2019
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 149378		2. Exact name of the Corporation Multiservice Guate Inc.			
3. Principal Office Address 743 Broad St.			City Central Falls	State RI	Zip 02863
4. NAICS Code 522110		5. Brief description of the character of business conducted in Rhode Island Money transfer check cashing Bill Payments Prepaid Phone cards			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jose Medina			Vice-President Name Same		
Street Address 44 Hawes St			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name Same as President			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 Same			Director Name Same		
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 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 <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES	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 Jose A Medina			Date 7/24/19		
Signature of Authorized Representative Jose A Medina					



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 24, 2019 03:00 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

