



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 JUL 24 PM 3:00

Annual Report for the year: Amendment  
 Corporation

- 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 <b>149378</b>		2. Exact name of the Corporation <b>Multiservice Guate Inc.</b>			
3. Principal Office Address <b>773 Broad St.</b>		City <b>Central Falls</b>		State <b>RI</b>	Zip <b>02863</b>
4. NAICS Code <b>522110</b>		5. Brief description of the character of business conducted in Rhode Island <b>Money transfer check cashing Bill Payments Prepaid Phone cards</b>			
5. State of Incorporation <b>RI</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 Medina</b>			Vice-President Name <b>SAME</b>		
Street Address <b>44 Hawes St</b>			Street Address		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City	State	Zip
Secretary Name <b>Same as President</b>			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 <b>Same</b>			Director Name <b>Same</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES	PAR VALUE <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. <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 A Medina</b>				Date <b>7/24/19</b>	
Signature of Authorized Representative <b>Jose A Medina</b>					

**FILED**  
 JUL 24 2019  
 BY [Signature] 3:00