



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 24 2020
BY 50006 DS

1. Entity ID Number 1694604		2. Exact name of the Corporation Burrito Bros. Taco Co., Inc.									
3. Principal Office Address 5 Stilson Road			City Richmond	State RI	Zip 02898						
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Vinny Z Albano			Vice-President Name								
Street Address 104 School Street			Street Address								
City Forestdale	State RI	Zip 02824	City	State	Zip						
Secretary Name			Treasurer Name Vinny Z Albano								
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 N/A			Director Name N/A								
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>8000</td> <td>CNP</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8000	CNP	No Par
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8000	CNP	No Par									
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 Vinny Z Albano				Date 02-21-20							
Signature of Authorized Representative 											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov