



State of Rhode Island  
**Department of State - Business Services Division**

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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 DEC 21 PM 3:11

1. Entity ID Number <b>001696714</b>		2. Exact name of the Corporation <b>La Colombiana Bar &amp; Grill Inc.</b>			
3. Principal Office Address <b>477 Dexter St.</b>		City <b>Central Falls</b>		State <b>RI</b>	Zip <b>02863</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>Restaurant &amp; Bar</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>RAFAEL RUANO</b>			Vice-President Name		
Street Address <b>896 Oakhill Ave</b>			Street Address		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02763</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			Director Name		
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			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 <b>0</b>	CLASS/SERIES	PAR VALUE <b>/</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>RAFAEL RUANO</b>				Date <b>12/21/2020</b>	
Signature of Authorized Representative <i>Rafael Ruano</i>					

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