



State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year: 2021

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

BY

FEB 26 2021

| 1. Entity ID Number<br>1694604                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | 2. Exact name of the Corporation<br>Burrito Bros. Taco Co., Inc.                                                                                                                                                       |                      |                 |              |                  |              |           |      |     |        |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|--------------|------------------|--------------|-----------|------|-----|--------|--|--|--|
| 3. Principal Office Address<br>5 Stilson Road                                                                                                                                                                                                                                                                                                                                                                                                                    |              | City<br>Richmond                                                                                                                                                                                                       |                      | State<br>RI     | Zip<br>02898 |                  |              |           |      |     |        |  |  |  |
| 4. NAICS Code<br>722511                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | 6. Brief description of the character of business conducted in Rhode Island<br>Restaurant                                                                                                                              |                      |                 |              |                  |              |           |      |     |        |  |  |  |
| 5. State of Incorporation<br>Rhode Island                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                        |                      |                 |              |                  |              |           |      |     |        |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                        |                      |                 |              |                  |              |           |      |     |        |  |  |  |
| President Name<br>Vinny Z Albano                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                        | Vice-President Name  |                 |              |                  |              |           |      |     |        |  |  |  |
| Street Address<br>104 School Street                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                        | Street Address       |                 |              |                  |              |           |      |     |        |  |  |  |
| City<br>Forestdale                                                                                                                                                                                                                                                                                                                                                                                                                                               | State<br>RI  | Zip<br>02824                                                                                                                                                                                                           | City                 | State           | Zip          |                  |              |           |      |     |        |  |  |  |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                        | 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<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                        | Director Name<br>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<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                             |              | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                  |                      |                 |              |                  |              |           |      |     |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | <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 |  |  |  |
| NUMBER OF SHARES                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CLASS/SERIES | PAR VALUE                                                                                                                                                                                                              |                      |                 |              |                  |              |           |      |     |        |  |  |  |
| 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.<br><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<br>Vinny Z Albano                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                        |                      | Date<br>2/23/21 |              |                  |              |           |      |     |        |  |  |  |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                        |                      |                 |              |                  |              |           |      |     |        |  |  |  |

## MAIL TO:

Division of Business Services

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FORM 630 - Revised: 08/2020