



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation _____

MAR 30 2021
 BY 59836

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

| | |
|----------------------------------|---|
| 1. Entity ID Number 001665087 | 2. Exact name of the Corporation HORACIO'S, INC. |
|----------------------------------|---|

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|--|---------------------|-------------|--------------|
| 3. Principal Office Address 861 PINE HILL DRIVE | City NEW BEDFORD | State MA | Zip 02745 |
|--|---------------------|-------------|--------------|

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|---------------------------------|---|--|--|
| 4. NAICS Code 332900 | 6. Brief description of the character of business conducted in Rhode Island INSTALL MANUFACTURED METAL PRODUCTS AND HVAC SYSTEMS | | |
| 5. State of Incorporation MA | | | |

7. List ALL officers (names and addresses) Check the box to indicate an attachment

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|---------------------------------------|-------------|--------------|---|-------------|--------------|
| President Name HORACIO B. TAVARES | | | Vice-President Name HORACIO B. TAVARES | | |
| Street Address 861 PINE HILL DRIVE | | | Street Address 861 PINE HILL DRIVE | | |
| City NEW BEDFORD | State MA | Zip 02745 | City NEW BEDFORD | State MA | Zip 02745 |
| Secretary Name HORACIO B. TAVARES | | | Treasurer Name HORACIO B. TAVARES | | |
| Street Address 861 PINE HILL DRIVE | | | Street Address 861 PINE HILL DRIVE | | |
| City NEW BEDFORD | State MA | Zip 02745 | City NEW BEDFORD | State MA | Zip 02745 |

8. List ALL directors (names and addresses) Check the box to indicate an attachment

| | | | | | |
|---------------------------------------|-------------|--------------|----------------|-------|-----|
| Director Name HORACIO B. TAVARES | | | Director Name | | |
| Street Address 861 PINE HILL DRIVE | | | Street Address | | |
| City NEW BEDFORD | State MA | Zip 02745 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |

9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment

| | | | |
|--|------------------|--------------|-----------|
| This information is currently of record in the Department of State. Changes require an additional filing. | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | 100 | CNP | \$0.00 |

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.

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|---|--------------------|
| Name of Authorized Representative HORACIO B. TAVARES | Date 03/09/2021 |
|---|--------------------|

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| Signature of Authorized Representative |
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