



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

FILED

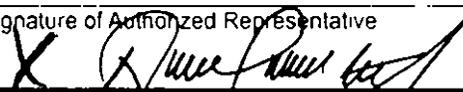
Annual Report for the year: **2021**

MAR 30 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.

List the name of the corporation. The entity name can be verified through the Corporate Database.

1. Entity ID Number 796057		2. Exact name of the Corporation EL QUICHE BAKERY STORE, INC			
3. Principal Office Address 1076 CHALKSTONE AVENUE			City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island ALL KIND OF GUATEMALAN GROCERY			
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 JACQUELINE MATA			Vice-President Name JACQUELINE MATA		
Street Address 59 BELMONT AVENUE 2ND FLOOR			Street Address 59 BELMONT AVENUE 2ND FLOOR		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name JACQUELINE MATA			Treasurer Name SAME		
Street Address 59 BELMONT AVENUE 2ND FLOOR			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JACQUELINE MATA			Director Name		
Street Address 59 BELMONT AVENUE 2ND FLOOR			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		PAR VALUE
			8,000.00	STK	\$0.0100
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 JACQUELINE MATA					Date 03/20/2021
Signature of Authorized Representative 					

SIGN DOCUMENT **FILED**

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 30 2021
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