State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS. SVCS DIV
2021 APR -8 PM 1:17

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.

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

1. Entity ID Number	2. Exact name of the Corporation			
69083	SANCHEZ ENTERPRISES, INC 3067			
3. Principal Office Address		City	State	Zip
676 BROAD STREET		PROVIDENCE	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445291	FOODS PRODUCTS AT RETAIL & WHOLESALE PRICE READY MADE AND PREPARED FOODS BAKED GOODS			
5. State of Incorporation				
RHODE ISLAND				

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

President Name MARIA A. DOMINGUEZ			Vice-President Name SAME		
Street Address 676 BROAD STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name MARIA DOMINGUEZ			Director Name		
Street Address 676 BROAD STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	8.00	COMMON	NO PAR VALUE
Changes require an additional filing.			

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	Date
MARIA DOMINGUEZ	03/20/2021

Signature of Authorized Representative

X Maria Dominguez SIGN DOCUMENT HERE

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

FORM 630 - Revised 10/2016