



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.

MAY 21 2021

BY 1044 OS

1. Entity ID Number 001714248		2. Exact name of the Corporation PUNTO FINAL HOOKAH BAR & LOUNGE INC			
3. Principal Office Address 33 Summer St		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT			
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 BASILIO PEGUEROS ARIAS			Vice-President Name JEFFERY THEN		
Street Address 616 LONSDALE AVE			Street Address 203 RIVER AVE #2		
City CENTRAL FALLS	State RI	Zip 02863	City PROVIDENCE	State RI	Zip 02908
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			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 500	CLASS/SERIES CNP	PAR VALUE 0.001	
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 BASILIO PEGUEROS ARIAS				Date 5/14/2021	
Signature of Authorized Representative <i>Basilio Pegueros Arias</i>					

MAIL TO:
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