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FORM 630 - Revised: 08/2020

State of Rhode Island

Website: www.sos.ri.gov

Department of State - Business Services Division					CEIVED		
Annual Report for the y	BUS SVCS DIV						
Corporation	_	-					
Filing period: January 1 - March 1				2021	SEP 27 1	P 1: 0₽	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00) fee if form is z	not filed by Anril 1					
Entity ID Number							
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3. Principal Office Address	Λ.		City		State	Zip	
57 De Pasquale	the.		Provide	nce	RI	02903	
4. NAICS Code	6. Brief des	cription of the chara		nducted in Rhode Is	\		
	- We	are a rest	taurant (Latin Cuisi	ne)		
5. State of Incorporation					,		
RI							
7. List ALL officers (names and a President Name	addresses)		Disas Bassida A	Check t	he box to indic	cate an attachment	
Yenny Gonzalez			1 1 1 - 4	Vice-President Name MARKA Alcantara			
Street Address	Street Address						
585 S. Brodford	38 Beacontield						
North Andover	State	01845	City) (a	State MA	01843	
Secretary Name			Treasurer Name				
Street Address	Charles						
Street Address			Street Address				
City	State	Zip	City	· .	State	Zıp	
8. List ALL directors (names and			<u> </u>	- Ob I			
Director Name	Check the box to indicate an attachment Director Name						
Stront Addrson							
Extract Address			Street Address				
Street Address							
City City	State	Zip	City		State	Zip	
City	State	Zip			State	Zip	
	State	Zip	City Director Name	<u></u>	State	Zip	
City	State	Zip			State	Zip	
City Director Name Street Address			Director Name Street Address				
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