



State of Rhode Island

Department of State - Business Services Division

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.

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1. Entity ID Number 001689953		2. Exact name of the Corporation XOYITOS ENTERPRISE INC			
3. Principal Office Address 27 SCITUATE AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROPERTY MANAGEMENT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ALVARO G. GRAJEDA			Vice-President Name EVA LETICIA GRAJEDA		
Street Address 27 SCITUATE AVENUE			Street Address 27 SCITUATE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02909
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 ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 75	CLASS/SERIES CNP	PAR VALUE 00.00
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.					
Name of Authorized Representative ALVARO G GRAJEDA					Date
Signature of Authorized Representative <i>[Signature]</i>					

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

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FORM 630 - Revised: 08/2020