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R.I. DEPT. OF STATE

BUS SVCS DIV



State of Rhode Island

## **Department of State - Business Services Division**

7071 DEC 21 A 10, CC

Annual Report for the year Corporation			2021 DEC 31 A 10: 55 7			
→ Filing period. February 1 - f			-			
→ Filing Fee: \$50.00	·					•
→ Penalty: Additional \$25.00 fe	e if form is not	filed by May 31.				
Entity ID Number	2. Exact name	of the Corporation				
1444 76	Pipel	ine Res	taurar	4 INC		
Principal Office Address			City		State	Zip
99 Fortin Rd			Kin	astopole	RI	2881
4. NAICS Code	<ol><li>Brief descript</li></ol>	ion of the characte	er of business	conducted in Rhode Is	land	
722513						
5. State of Incorporation	l Me	xican	Resta	zurant		
RI	, -	, , ,				
7. List ALL officers (names and add	resses)			Check t	he box to indi	cate an attachment L
President Name Franquin Rodazno			Vice-President Name			
Chroni Adding			Arlin Rodano Street Address			
185 Eyeter Rd			285 Exeter Rd			
285 Exeter Ro City North Kingstown	State RS	2ip 02852	City	Kingstown	State 27	Zıp
Secretary Name		10000	Treasurer Na		1 1	02852
Street Address	<u> </u>					
Sileet Address			Street Addres	s	_	
City	State	Zip	City	<del></del>	State	Zip
Q Lica Al I di control		<u> </u>		<u> </u>	Olate	اکان
List ALL directors (names and add Director Name	dresses)		Director Nami	Check t	he box to indi	cate an attachment [
			Director Mami	e		
Street Address			Street Addres	s		
City	State	Zıp	C.A.		Ta.	
	Cibic	Zip	City		State	Zip
Director Name			Director Name	?	<u> </u>	<u> </u>
Street Address	<u>_</u>		Street Address			
			Street Address	S		
City	State	Zıp	City		State	Zip
9. Shares Authorized		10. Shares Issue			<u>L</u>	
his information is currently of record in the				Check to Class/series	ie box to indic	PAR VALUE
Department of State.		1.00				NPC
Changes require an additional filing.						<del>/                                      </del>
11. This report must be executed on	hoholf of the se-					
11. This report must be executed on trustee, this report must be executed	i vii uchall ul lile	COMPONIATION BY THE	I FOCOILIOF OF TO	uctoo		
Under penalty of perjury, I declare	and affirm that	I have examined	this report is	ncluding any accomp	anying sche	dules and
statements, and that all statement Name of Authorized Representative	s contained her	ein are true and e	correct.			
Franquin G	> 12	0		<i>i</i>	Date 1	1
Signature of Authorized Representati	1000 a 2 1	<del></del>	FiL	ED	12/31	121
The second of th			PE0 4	1 2021		<del></del>
<i>p</i> 1 / <b>k</b> 2/	√ 1/1 <b>\</b>		1161 2	1 / 11 / 1		

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY OU DFWK 5 10:55