

FILED



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

MAY 04 2022
 BY *[Signature]*
[Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 788649		2. Exact name of the Corporation Two Gringos, Inc.			
3. Principal Office Address 569 Main Street			City Warren	State RI	Zip 02855
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To engage in the manufacture and wholesale marketing of Mexican food.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard O. Reavis			Vice-President Name Vince A. Arcello		
Street Address 7 Pokanoket Trail			Street Address 17 Meadow Lane		
City Warren	State RI	Zip 02855	City Bristol	State RI	Zip 02809
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 Richard O. Reavis			Director Name Vince A. Arcello		
Street Address Same as above			Street Address Same as above		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1,000	Common	No Par Value
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 Richard O. Reavis					Date 4/30/2022
Signature of Authorized Representative <i>[Signature]</i>					

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: 11/2021