



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JAN -3 P 12:50

1. Entity ID Number 001716901		2. Exact name of the Corporation La Bodega De Milagros Inc			
3. Principal Office Address 294 POCASSET AVE			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 445120	6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE				
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 JOSE M. MATEO			Vice-President Name N/A		
Street Address 294 POCASSET AVE			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name JOSE M. MATEO			Treasurer Name JOSE M. MATEO		
Street Address 294 POCASSET AVE			Street Address 294 POCASSET AVE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JOSE M. MATEO			Director Name N/A		
Street Address 294 POCASSET AVE			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE 0.00	
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 JOSE M. MATEO				Date 01/03/2023	
Signature of Authorized Representative <i>Jmmateo</i>				FILED JAN 03 2023 BY <i>EEYax</i> A.A. 12:52 PM	