



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022

## 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 SERVICES DIV

2023 JAN 13 P 3:09

1. Entity ID Number 1670112		2. Exact name of the Corporation WATUSI INC			
3. Principal Office Address 582 CRANSTON STREET		City PROVIDENCE		State RI	Zip 02907
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name FELIX GARCIA			Vice-President Name		
Street Address 577 CRANSTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name FELIX GARCIA		
Street Address			Street Address 577 CRANSTON STREET		
City	State	Zip	City PROVIDENCE	State RI	Zip 02907
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name FELIX GARCIA			Director Name		
Street Address 577 CRANSTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES 1,000	CLASS/STRIKES STK	PAR VALUE 0	
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. <b>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.</b>					
Name of Authorized Representative FELIX GARCIA				Date 1/13/2023	
Signature of Authorized Representative 				FILED JAN 13 2023 BY <u>MOZ</u> <u>Sev 2</u>	

MAIL TO:  
Division of Business Services  
148 W. River Street Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov