



State of Rhode Island

Department of State - Business Services Division

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 DEPT. OF STATE
 BUSINESS SERVICES

FOR
 SECRETARY OF STATE
 USE ONLY

MAR 14 2023 12:00

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.

1. Entity ID Number 001737393		2. Exact name of the Corporation Hill & Harbor Tacos, Inc.			
3. Principal Office Address 110 Main Street Suite 305			City East Greenwich	State RI	Zip 02818
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operate a restaurant, any ancillary purposes, and all other lawful purposes			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Angel Winpenny			Vice-President Name		
Street Address 110 Main Street Suite 305			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Angel Winpenny			Treasurer Name Angel Winpenny		
Street Address 110 Main Street Suite 305			Street Address 110 Main Street Suite 305		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100 Common with 0.01 Par			
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.					
<i>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.</i>					
Name of Authorized Representative Angel Winpenny				Date 1/30/23	
Signature of Authorized Representative <i>Angel Winpenny</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

MAR 14 2023
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