



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

APR 11 2023

24562

- 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 000063797		2. Exact name of the Corporation SPAIN III, INC.			
3. Principal Office Address 1073 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of a restaurant			
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 Maria T. Rodriguez			Vice-President Name Michael and Amanda Rodriguez		
Street Address 126 Cliff Drive			Street Address 126 Cliff Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Maria M. Gomes			Treasurer Name Jose M. Gomes		
Street Address 20 Morgan Drive			Street Address 20 Morgan Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Maria T. Rodriguez			Director Name		
Street Address 126 Cliff Drive			Street Address		
City Narragansett	State RI	Zip 02882	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 600	CLASS/SERIES CNP	PAR VALUE \$0.0000
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 Maria T. Rodriguez				Date 03/23/23	
Signature of Authorized Representative <i>Maria T. Rodriguez</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