



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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2023 JUN 14 A 10:55

1. Entity ID Number 001714248	2. Exact name of the Corporation PUNTO FINAL HOOKAH BAR & LOUNGE INC
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3. Principal Office Address 31 SUMMER STREET	City PAWTUCKET	State RI	Zip 02860
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4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT & BAR
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 BASILIO PEGUERO ARIAS			Vice-President Name JEFFERY THEN		
Street Address 616 LONSDALE AVENUE			Street Address 203 RIVER AVENUE # 2		
City CENTRAL FALLS	State RI	Zip 02863	City PROVIDENCE	State RI	Zip 02908
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			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 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		CLASS/SERIES
	500	CNP	PAR VALUE 0.001

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 BASILIO PEGUERO ARIAS	Date 03/03/2023
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Signature of Authorized Representative <i>Basilio Peguero</i>	FILED JUN 14 2023
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MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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