



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.

RECEIVED
 DEPT. OF STATE
 JUN 14 10:55

1. Entity ID Number 0001712412		2. Exact name of the Corporation EL CABALLO MAYOR BAR AND GRILL INC			
3. Principal Office Address 636 LONSDALE AVENUE		City CENTRAL FALLS	State RI	Zip 02863	
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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PEDRO D FIGUEROA			Vice-President Name SONNY POLANCO		
Street Address 25 PARKER STREET 2ND FL			Street Address 1626 MENDON ROAD		
City CENTRAL FALLS	State RI	Zip 02863	City CUMBERLAND	State RI	Zip 02864
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		STK
			PAR VALUE		0.01
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 PEDRO D FIGUEROA				Date 04/18/2023	
Signature of Authorized Representative <i>Pedro D. Figueroa</i>					

FILED

JUN 14 2023
 BY ml 1038