



State of Rhode Island
Department of State - Business Services Division

FILED
 APR 16 2024
 BY 2801

Annual Report for the year: 2024
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 000486325		2. Exact name of the Corporation Palomares, Inc.			
3. Principal Office Address 8220 Post Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island 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 Barajas			Vice-President Name Francisco J. Lepe		
Street Address 153 Exeter Road			Street Address 8220 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Francisco Lepe			Treasurer Name Pedro Barajas		
Street Address 8220 Post Road			Street Address 153 Exeter Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Pedro Barajas			Director Name Francisco J. Lepe		
Street Address 153 Exeter Road			Street Address 8220 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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	PAR VALUE
			2,000	CNP	\$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. 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 Pedro Barajas				Date 3/20/24	
Signature of Authorized Representative					

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov