



State of Rhode Island
Department of State - Business Services Division

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.

FILED

APR 17 2024

BY

[Signature]

1. Entity ID Number 001340362		2. Exact name of the Corporation TASQUINHA RESTAURANT, INC.			
3. Principal Office Address 218 WARREN AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
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 HUMBERTO FREITAS			Vice-President Name LUCIA F. FREITAS		
Street Address 171 TANGENT STREET			Street Address 171 TANGENT STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name LUCIA F. FREITAS			Treasurer Name HUMBERTO FREITAS		
Street Address 171 TANGENT STREET			Street Address 171 TANGENT STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HUMBERTO FREITAS			Director Name LUCIA F. FREITAS		
Street Address 171 TANGENT STREET			Street Address 171 TANGENT STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
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		
1,000 SHARES			COMMON		NO 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. 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 Humberto Freitas					Date 4/13/24
Signature of Authorized Representative <i>[Signature]</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