State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024
1. Corporate ID No. 001716901
2. Name of Corporation La Bodega De Milagros Inc
3. Street Address Principal Business Office:
No. and Street: 294 POCASSET AVENUE
City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02909</u> Country: <u>USA</u>
4. Business Phone No.
<u>4013594021</u>
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>445120</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
CONVENIENCE STORE
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Class of Stock Series of Stock Par Value Per Share Total Authorized Shares Total Authorized Shares CNP \$0.0000 1.000.00 1000 This report must be executed on behalf of the corporation by an authorized representative e corporation is in the hands of a receiver or trustee, this report must be executed on behalf the corporation by the receiver or trustee. Igned this 23 Day of April, 2024 at 12:37:12 PM. This electronic signature of the individual dividuals signing this instrument constitutes the affirmation or acknowledgement of the signa- uder penalties of perjury, that this instrument is that individual's act and deed or the act and a the corporation, and that the facts stated herein are true, as of the date of the electronic filing ompliance with R.I. Gen. Laws § 7-1.2. y JOSE M MATEO Signature of Authorized Representative of the Corporation	Title	Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country			
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