

FILED

MAY 06 2024

BY



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.

1. Entity ID Number 991874		2. Exact name of the Corporation Tio Pepe, Inc.			
3. Principal Office Address 508 Dexter St			City Central Falls	State RI	Zip 02863
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Bar/Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alicia A. Lopez			Vice-President Name		
Street Address 605 Hodges St			Street Address		
City Taunton	State MA	Zip 02780	City	State	Zip
Secretary Name Hector R. Lopez			Treasurer Name Alicia A. Lopez		
Street Address 605 Hodges St			Street Address 605 Hodges St		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alicia A. Lopez			Director Name Hector R. Lopez		
Street Address 605 Hodges St			Street Address 605 Hodges St		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	no par value
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 Alicia Lopez				Date X 4/30/24	
Signature of Authorized Representative X [Signature]					

MAIL TO:

Division of Business Services

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