



**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**  
JUL 22 2024  
BY 51 OS

1. Entity ID Number <b>001737722</b>		2. Exact name of the Corporation <b>RESTAURANT Y GRANIZADAS XOYITA INC</b>			
3. Principal Office Address <b>207 UNION AVENFUE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>FREDY MORALES</b>			Vice-President Name <b>MARIO TINO</b>		
Street Address <b>207 UNION AVENUE</b>			Street Address <b>207 UNION AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>MICAELA CASTRO RAMOS</b>			Treasurer Name <b>ESTUARDO MORALES</b>		
Street Address <b>207 UNION AVENUE</b>			Street Address <b>207 UNION AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>100</b>	<b>CNP</b>	<b>00.00</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>FREDY MORALES</b>				Date <b>04/102024</b>	
Signature of Authorized Representative 					

**MAIL TO:**  
Division of Business Services  
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