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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. Entry ID Number <u>120697</u>	2. Exact name of the Corporation <u>Carrasco Corporation</u>
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3. Principal Office Address <u>97 Lonsdale Ave.</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02860</u>
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4. NAICS Code <u>722511</u>	6. Brief description of the character of business conducted in Rhode Island <u>Restaurant</u>
5. State of Incorporation <u>RI</u>	

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Daniel Carrasco</u>	Vice-President Name <u>Daniel Carrasco</u>
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Street Address <u>250 Washington Ave</u>	Street Address <u>250 Washington Ave</u>
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City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
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Secretary Name <u>Newton Carrasco</u>	Treasurer Name <u>Newton Carrasco</u>
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Street Address <u>250 Washington Ave.</u>	Street Address <u>250 Washington Ave.</u>
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City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
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8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment

This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	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 <u>Newton Carrasco</u>	Date <u>12-18-24</u>
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Signature of Authorized Representative
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 1:49

DEC 18 2024

FORM 630 - Revised 12/2023

BY KXAVV

