



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 REC'D RIDOS BSO
 25 MAY 20 PM 11:41:33

1. Entity ID Number 1714248		2. Exact name of the Corporation PUNTO FINAL HOOKAH BAR & LOUNGE INC			
3. Principal Office Address 31 SUMMER STREET			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island BAR RESTAURANT AND LOUNGE			
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 BASILIO PEGUERO			Vice-President Name		
Street Address 616 LONSDALE AVENUE			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
		500	CNP	0.001	
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 BASILIO PEGUERO				Date 05/19/2025	
Signature of Authorized Representative <i>Basilio Peguero</i>				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAY 20 2025
 BY 1178
 FORM 650- Revised: 12/2023