RI SOS Filing Number: 202574347590 Date: 6/9/2025 4:00:00 PM

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## State of Rhode Island

## **Department of State - Business Services Division**

Annual	Report 1	for the	year:	2025	

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

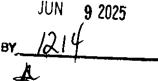
→ Penalty: Additional \$25.00	) fee if form is n	ot filed by May 31.	•							
1, Entity ID Number	2. Exact nam	2. Exact name of the Corporation								
001712412	EL CAB	EL CABALLO MAYOR BAR AND GRILL INC								
3. Principal Office Address		State RI	Zip							
636 LONSDALE AVENUE				CENTRAL FALLS		02863				
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island								
722511	FULL SE	FULL SERVICE RESTAURANT								
5. State of Incorporation										
RHODE ISLAND	ŀ	1								
7. List ALL officers (names and a	addresses) Check the box to indicate an attachment									
President Name PEDRO FIGUEROA				Vice President Name SONNY POLANCO						
Street Address 636 LONSDA	Street Addi	Street Address 1626 MENDON RD								
CENTRAL FALLS	State RI	<sup>Zip</sup> 02863	City CUN	City		Zlp 02864				
Secretary Name	<del>-                                    </del>		<del></del>	Treasurer Name						
Street Address			Street Address							
Clty	State	Zip	City	City		Zip				
8. List ALL directors (names and	addresses)			Check the	box to indicate a	n attachment				
Director Name			Olrector Na	ame						
			Ctront Andr							
Street Address			Street Add	1655						
City	State	Zip	City	City		Zip				
Director Name	Director Name									
Street Address	Street Address									
City	State	Zip	City	<del></del>	State	Zip				
9. Shares Authorized	cord in the	10. Shares Is	SUED OF SHARES	Check th		an attachment  PAR VALUE				
This information is currently of record in the Department of State.		500		STK		0.01				
Changes require an additional fills	ng.	<u> </u>	_			· · -				
11. This report must be executed	d on behalf of the	e corporation by an	authorized re	presentative. If the co	rporation is in the	hands of a re-				
ceiver or trustee, this report mus Under penalty of perjury, I dec	lare and affirm	that I have exami	ned this repo	receiver or trustee.  rt, including any acc	companying sch	edules and				
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date										
PEDRO FIGUEROA					06022025					
Signature of Authorized Represe	entative QUETOR	· · · · · · · · · · · · · · · · · · ·	Fil	<b>E</b> D						
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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



FORM 630- Revised: 12/2023