RI SOS Filing Number: 202446474230 Date: 2/15/2024 10:54:00 AM State of Rhode Island Department of State - Business Services Division Annual Report for the year: 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 2. Exact name of the Corporation Mexica RestoriAN 000104135 3. Principal Office Address State Zip 02909 7225/1 Cerril State of Incorporation List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name 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 Director Name Director Name Street Address Street Address City State City State Zip Zip Director Name Director Name Street Address Street Address State Zip City Zip State 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES This information is currently of record in the CLASS/SERIES PAR VALUE -Department of State. Changes require an additional filing. 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 WYFILED 1054 Signature of Authorized Representative FEB 1 5 2024

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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