



**State of Rhode Island
Department of State - Business Services Division**

REC'D: RIDOS BSD
24 FEB 15 AM 10:52:27

Annual Report for the year: 2023
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 000104135		2. Exact name of the Corporation MEXICO RESTAURANT GARIBAY INC				
3. Principal Office Address 948 ATWALLS AVE			City PROVIDENCES RI	State RI	Zip 02909	
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island FOOD SERVICE				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Jose L. Ruvir			Vice-President Name Elias Ruvir			
Street Address 948 ATWALLS AVE			Street Address SAMS			
City PROVIDENCES RI	State RI	Zip 02909	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	
		100		SM P	\$0.00	
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 				Date 2-15-24		
Signature of Authorized Representative				FEB 15 2024		

FILED 1053

BY KCCX