



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

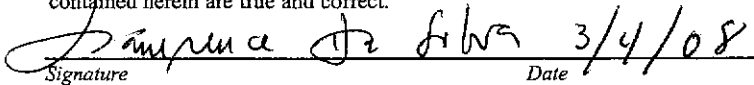
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 110866		2. Name of Corporation CIDAD VELHA LOUNGE, LTD.	
3. Street Address Principal Business Office 214 BROAD STREET		City PAWTUCKET	State R.I.
4. Business Phone No. 401 339-2754		5. State of Incorporation RHO DE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island the preparation and sale of food liquor w/entertainment			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name LAWRENCE DA SILVA		Vice President Name ILDA DA SILVA	
Street Address 57 WASHINGTON STREET		Street Address 57 WASHINGTON STREET	
City CENTRAL FALLS	State R.I.	City CENTRAL FALLS	State R.I.
Zip 02863	Zip 02863	Zip 02863	Zip 02863
Secretary Name ILDA DA SILVA		Treasurer Name LAWRENCE DASILVA	
Street Address 57 WASHINGTON STREET		Street Address 57 WASHINGTON STREET	
City CENTRAL FALLS	State R.I.	City CENTRAL FALLS	State R.I.
Zip 02863	Zip 02863	Zip 02863	Zip 02863
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	
1,000	NO PAR VALUE	200	COMMON NO PAR VALUE
		THIS SECTION MUST BE COMPLETED	

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.


 Signature _____ Date **3/4/08**
LAWRENCE DA SILVA
 Print or Type Name
PRESIDENT
 Title

File Date	FILED
Check No.	MAR 04 2008
By:	By 2554 KM
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