



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

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. 84840 | | 2. Name of Corporation Restaurant Praia LTD | | | |
| 3. Street Address Principal Business Office 140 Dexter street | | City Pawtucket | State R.I. | Zip 02860 | |
| 4. Business Phone No. 401 339-2754 | | 5. State of Incorporation R.Hode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island THE Preparation and sale of food and 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. | Zip 02863 | City Central falls | State R.I. | Zip 02863 |
| Secretary Name ILDA DA SILVA | | Treasurer Name LAWRENCE DA SILVA | | | |
| Street Address 57 Washington street | | Street Address 57 Washington street | | | |
| City Central falls | State R.I. | Zip 02863 | City Central falls | State R.I. | Zip 02863 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name LAWRENCE DA SILVA | | Director Name ILDA DA SILVA | | | |
| Street Address 57 Washington street | | Street Address 57 Washington street | | | |
| City Central falls | State R.I. | Zip 02863 | City Central falls | State R.I. | Zip 02863 |
| Director Name NONE | | Director Name NONE | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | 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 | Number of Shares | Class/Series | Par Value |
| 1,000 COMMON | | NO PAR VALUE | 200 | COMMON | NO PAR VALUE |
| | | | THIS SECTION MUST BE COMPLETED | | |

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.

File Date **FILED**
Check No. **MAR 04 2008**
By **1014 KM**
FOR SECRETARY OF STATE USE ONLY

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 **Lawrence da Silva** Date **3/4/08**
Print or Type Name **LAWRENCE DA SILVA**
Title **PRESIDENT**