



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**