

2. Name of Corporation

1. Corporate ID No.

136225

A. Ralph Mollis, Secretary of State Corporations Division T 18 W. River Street Providence, RI 02904-2615. 401 222 3040

2009

RESTAURANTE SERRA DA ESTRELLA, INC.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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(e): d) is subject to a penalty fee of \$25.00.

168 Broad Street			Cumbanland	RI	02864
4 Business Phone No		5 State of Incorporation	Cumberland	KI	02804
9 Dustriess Profile So		RHODE ISLAND			
6 Brief Description of the Character	of Business Conducted	l in Rhode Island			
To operate a rest					
7. NAMES AND ADDRESSES	OF THE OFFICE	ERS: ("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPA	CES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
JOSE A. FIGUEIREDO			AURORA FIGUEIREDO		
Street Address			Street Address		
168 Broad Street			168 Broad Street		
City	State	Zip	City	State	Zip
Cumberland Secretary Name	RI		Cumberland Treasurer Name	lRI	02864
JOSE A. FIGUEIREDO			AURORA FIGUEIREDO		
Street Address			Street Address		
168 Broad Street			168 Broad Street		
City	State	Zip	: Chy	State	Zip
Cumberland	RI	02864	Cumberland	RI	3 02864
B. NAMES AND ADDRESSES					G ATTACHMENTS
Director Name		•	Director Name		A3
JOSE A. FIGUEIREDO			AURORA FIGUEIREDO		
Street Address			Street Address		
168 Broad Street			168 Broad Street		
City	State	Zip	: City	State	Zip
Cumberland	RI	02864	Cumberland	DT	\sim
Director Same	·1	JV4004	Director Name	t	∆l 02864
			•		N.
Street Address			Street Address		
City	State	Zip	Gity	State	Zιp
O. SHARES AUTHORIZED	•	•	10. SHARES ISSUED (*2) ISSUED SHARES — THIS SECTION		_
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class Series	Par Value
			NONE	COMMON	NO PAR VALUE
					110 1111 111201
This report must be executed				oration is in the hand	s of a receiver or trustee.
his report must be executed	on behalf of the c	orporation by the receiver of	or trustee.		
	7.71		linder penalty of period	ry I declare and affirm (that I have examined this repo
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	$\frac{1}{2}$		including any accompa	mying schedules and sta	
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File DateFil	LED		including any accompa- contained ferein are tra	anying schedules and state and correct.	itements, and that all stateme
File Date FII		- - - - - - - - - - - - - - -	including any accompa contained rerein are tru	anying schedules and state and correct.	ntements, and that all stateme
File Date	LED 24 2009	04634	including any accompany contained herein are true signature. JOSE A. FIGUE	anying schedules and state and correct.	02/17/09