State of Rhode Island and Providence Plantations
Office of the Secretary of State

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

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(c), 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.	2. Name of Corporation
136225	RESTAURANTE SERRA DA ESTRELLA, INC.

3. Street Address Principal Business Office	City	State	Zip
168 Broad Street	Cumberland	RI	02864

4. Business Phone No.	5. State of Incorporation
	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
To operate a restaurant business

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
JOSE A. FIGUEIREDO	AURORA FIGUEIREDO
Street Address: 168 Broad Street	Street Address: 168 Broad Street
City: Cumberland; State: RI; Zip: 02864	City: Cumberland; State: RI; Zip: 02864
Secretary Name	**Treasurer Name**
JOSE A. FIGUEIREDO	AURORA FIGUEIREDO
Street Address: 168 Broad Street	Street Address: 168 Broad Street
City: Cumberland; State: RI; Zip: 02864	City: Cumberland; State: RI; Zip: 02864

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
JOSE A. FIGUEIREDO	AURORA FIGUEIREDO
Street Address: 168 Broad Street	Street Address: 168 Broad Street
City: Cumberland; State: RI; Zip: 02864	City: Cumberland; State: RI; Zip: 02864
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
NONE	COMMON	NO PAR VALUE

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.

[redacted]

2:22

File Date FILED
Check No. NOV 24 2009
By: By 10/634
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 02/17/09

JOSE A. FIGUEIREDO
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 08/08