



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 2011

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. 75644		2. Name of Corporation TROPICAL ILHAS			
3. Street Address Principal Business Office 472 WATERMAN AVE			City E. PROV	State RI	Zip 02914
4. Business Phone No. 401-431-1943		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island Food-Liquor					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ELAINE BRIGGS			Vice President Name JOAQUIM DE PINA		
Street Address 496 GEORGE ST			Street Address 472 WATERMAN AVE		
City E. PROV	State RI	Zip 02914	City E. PROV	State RI	Zip 02914
Secretary Name DIANNE ELDERKIN			Treasurer Name ELIZABETH CROMWELL		
Street Address 243 CRESCENTVIEW AVE			Street Address 20 WHELDON AVE		
City E. PROV	State RI	Zip 02914	City E. PROV	State RI	Zip 02914
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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1000 NO PAR VALUE					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 0		Class/Series		Par Value	
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.					

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.

FILED

File Date **MAR 02 2011**

Check No. **7338**

By: **BY**

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.

Elaine Briggs 2/28/11
Signature Date

ELAINE BRIGGS
Print or Type Name

PRES
Title