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

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

| LOGOUT |

Business Corporation Annual Report

Filing Period: January 1 - March 1

Help with this form

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000685961

2. Name of Corporation ADELINA PRODUCTION INC

3. Street Address Principal Business Office:

No. and Street: 434 Broadway

City or Town: Pawtucket State: RI Zip: 02864 Country:

4. Business Phone No.

401-365-1136

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

RESTAURANT AND LOUNGE **FILED**

FEB 2 2 2012

BY 1080

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
☐	INCORPORATOR	FILIPE ANDRADE	151 ROCCO AVENUE PAWTUCKET, RI 02860 USA

Select From Below ▾ Title: PRESIDENT

First Name: FILIPE Middle Name: Last Name: ANDRADE Suffix:

Address: 151 ROCCO AVE City: PAWTUCKET State: RI Zip: 02861 Country:

Clear Add

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
STK	COMMON	$0.01	1,000.00	0.00

9. 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.

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Norman E Lecours
Business Name: Sanco Financial Svcs
No. and Street: 1390 Mendon Rd - Same Address as - ▾

City or Town: Cumberland State: RI Zip: 02864 Country:
Contact Phone: 334-2776 ext:
Contact Email: nelecours@msn.com Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 14 Day of January, 2012 at 10:04:55 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By Filipe Andrade
Signature of Authorized Representative of the Corporation

FILED
FEB 2 2 2012
BY ID 685961