



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 2012**

**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. 118285		2. Name of Corporation BRAVA RESTAURANT AND BAR, INC.			
3. Street Address Principal Business Office 117 DAWSON STREET			City PAWTUCKET	State RI	Zip 02861
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island to own and operate and restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GUSTAVO RODRIGUES			Vice President Name MANUEL P. LOMBA		
Street Address 117 DAWSON STREET			Street Address 31 AMY LANE		
City PAWTUCKET	State RI	Zip 02861	City N. ATTLEBORO	State MA	Zip 02760
Secretary Name SELENA RODRIGUES			Treasurer Name MARIA R. LOMBA		
Street Address 117 DAWSON STREET			Street Address 31 AMY LANE		
City PAWTUCKET	State RI	Zip 02861	City N. ATTLEBORO	State MA	Zip 02760
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GUSTAVO RODRIGUES			Director Name MANUEL P. LOMBA		
Street Address 117 DAWSON STREET			Street Address 31 AMY LANE		
City PAWTUCKET	State RI	Zip 02861	City N. ATTLEBORO	State MA	Zip 02760
Director Name SELENA RODRIGUES			Director Name MARIA R. LOMBA		
Street Address 117 DAWSON STREET			Street Address 31 AMY LANE		
City PAWTUCKET	State RI	Zip 02861	City N. ATTLEBORO	State MA	Zip 02760
9. SHARES AUTHORIZED					
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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	
		200	COMMON	NO PAR VALUE	
THIS SECTION MUST BE COMPLETED					

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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	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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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.

*Gustavo Rodriguez* 02/18/12  
Signature Date  
GUSTAVO RODRIGUES  
Print or Type Name  
PRESIDENT  
Title