



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000136225</u>		2. Exact name of the Corporation <u>RESTAURANTE SERRA DA ESTRELLA</u>					
3. Principal office address <u>168 BROAD ST.</u>		City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>			
4. Business Phone No. <u>401.725-9597</u>		5. State of Incorporation <u>RHODE ISLAND</u>					
6. Brief description of the character of business conducted in Rhode Island <u>RESTAURANT, FOOD & BEVERAGE</u>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <u>JOSE A FIGUEIREDO</u>		Vice-President Name <u>AURORA FIGUEIREDO</u>					
Street Address <u>168 BROAD ST.</u>		Street Address <u>168 BROAD ST.</u>					
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>		
Secretary Name <u>JOSE FIGUEIREDO</u>		Treasurer Name <u>AURORA FIGUEIREDO</u>					
Street Address <u>168 BROAD ST</u>		Street Address <u>168 BROAD ST</u>					
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <u>JOSE A FIGUEIREDO</u>		Director Name <u>AURORA FIGUEIREDO</u>					
Street Address <u>168 BROAD ST.</u>		Street Address <u>168 BROAD ST</u>					
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <u>600</u>	CLASS/SERIES <u>CNP</u>	PAR VALUE <u>0.0001</u>

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

FILED

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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.

Jose A. Figueiredo
Signature of Authorized Representative Date

PRESIDENT
Print or Type Name of Authorized Representative