



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: 2013

1. Corporate ID No. 000083203

2. Name of Corporation Ada's Creations, Inc.

3. Street Address Principal Business Office:

No. and Street: 1137 BROAD STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

4. Business Phone No.

401-941-5020

5. State of Incorporation

State: RI

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

TO ENGAGE IN THE SALE OF BAKED GOODS; AND TO ENGAGE IN THE RESTAURANT BUSINESS AND CATERING.

FILED

APR 22 2013

BY 3830

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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
<input type="checkbox"/>	PRESIDENT	ACELIA TERRERO	425 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920 USA
<input type="checkbox"/>	Vice President	ISAIAS L TERRERO	425 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920 USA
<input type="checkbox"/>	Secretary	ACELIA TERRERO	425 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920 USA
<input type="checkbox"/>	Treasurer	ISAIAS LEO TERRERO	425 MESHANTICUT VALLEY PKWY Cranston, RI 02920 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	2,000.00	1,000.00

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:

Business Name:

No. and Street:

City or Town: State: Zip: Country:

Contact Phone: ext:

Contact Email:

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 18 Day of April, 2013 at 3:23:24 PM. 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
Signature of Authorized Representative of the Corporation

FILED

APR 22 2013

BY 83203

VICE PRESIDENT/TREASURER

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept Decline

[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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