Amended

**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 2014

**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. | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 129093 | CAFE RESTAURANT BEIRAO INC | | |
| 3. Principal office address | City | State | Zip |
| 1374 BROAD St. | CENTRAL FALLS | RI | 02863 |
| 4. Business Phone No. | 5. State of Incorporation | | |
| 401-729-9766 | RI | | |

6. Brief description of the character of business conducted in Rhode Island

SMALL PLACE WITH PORTUGUESE FOOD AND ALCOHOL

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| VERA RAMOS | 82 HOBSON AVE | EAST PROVIDENCE | RI | 02914 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ORLANDO RAMOS | 82 HOBSON AVE | E. PROVIDENCE | RI | 02914 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| VERA RAMOS | 82 HOBSON AVE | E. PROVIDENCE | RI | 02914 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ORLANDO RAMOS | 82 HOBSON AVE | E PROVIDENCE | RI | 02914 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| VERA RAMOS | 82 HOBSON AVE | E. PROVIDENCE | RI | 02914 |
| NONE | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NONE | | | | |
| NONE | | | | |

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**9. SHARES AUTHORIZED**

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.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | COMMON | NO PAR VALUE |
| | | |

*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.*

**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.**

Signature of Authorized Representative — Date

VERA L. RAMOS
Print or Type Name of Authorized Representative

**FOR SECRETARY OF STATE USE ONLY**
File Date
Check No
By:

**FILED**
**JUN 16 2014**
BY 9:21

Form No. 630
Revised: 01/2012