



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

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.

2015

1. Entity ID No. 90482		2. Exact name of the Corporation DIAMOND ARTURO CORP.			
3. Principal office address 140 Point Judith Road			City Narragansett	State RI	Zip 02882
4. Business Phone No. (401) 789-3230			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Restaurant business together with all things incidental thereto					
President Name Joseph Paglia			Vice-President Name		
Street Address 39 Thayer Street			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Joseph Paglia			Treasurer Name Joseph Paglia		
Street Address 39 Thayer Street			Street Address 39 Thayer Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			110	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.



FILED

JAN 18 2015

BY **14801**

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

Joseph Paglia

Print or Type Name of Authorized Representative

Date

1/3/15