

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

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2016 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

1. Entity ID No. 000136225	2. Exact na RESTA	2. Exact name of the Corporation RESTAURANTE SERRA DA ESTRELA, INC.					
3. Principal office address 168 BROAD STREET	-		City CUMBERLAND	State RI		Zip 02864	
4. Business Phone No. (401) 725-9597			5. State of Incorporation RHODE ISLAND				
6. Brief description of the character RESTAURANT FOOL	aracter of busines O & DRINKS	s conducted in Rhode Island			200	00 00 00 00 00 00 00	
AND ALL OFFICERS N	MES AND MODE	IESSES) ("X" BOX FOR	MICHMENT)		74 N	122 S 188	
President Name JOSE A FIGUEIREDO			Vice-President Name AURORA O FIGUEIREDO				
Street Address 168 BROAD STREET			Street Address 168 BROAD ST	REET	ယ့	STA.	
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	35	Zip 22 02864	
Secretary Name JOSE A FIGUEIREDO			Treasurer Name AURORA O FIGUEIREDO				
Street Address 168 BORAD STREET			Street Address 168 BROAD STREET				
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI		Zip 02864	
SELIST AND DIRECTORS	NAMES AND ADI	INTERNAL PROPERTY OF THE	ATTACHMENT)				
Director Name JOSE A FIGUEIREDO			Director Name AURORA O FIGUEIREDO				
Street Address 168 BROAD STREET			Street Address 168 BROAD ST	REET			
CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI		Zip 02864	
Director Name			Director Name	<u>, </u>			
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address	**************************************			
City	State	Zip	City	State		Zip	
SHARES AUTHORIZED			10. SHARES ISSUEL	("Y" ROY FOR AT			
Control of the Contro			NUMBER OF SHARES	CLASS/SERIES		PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. see Section 9 of instruction sheet.			600	CNP		0.00	
		corporation by an authorize	d representative. If the	corporation is in the	ands of	n raceliver or trustee	

this report must be executed on behalf of the corporation by the receiver or trustee.

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Signature of Authorized Representative

JOSÉ A FIGUEIREDO, PRESIDENT

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.

Pfint or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012