RI SOS Filing Number: 201737215150 Date: 3/1/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

STAMP

FOR

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
88330	**Paiva Restaurant Corporation**

3. Principal Office Address	City	State	Zip
579 Warren Ave	**East Providence**	**RI**	**02914**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
72 - Accommodation and Food	**Operation of a restaurant and tavern.**
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Dinis Paiva**			Vice-President Name **Dinis paiva**		
Street Address **162 South Spruce Ave**			Street Address **162 South Spruce Ave**		
City **East Providence**	State **RI**	Zip **02914**	City **East Providence**	State **RI**	Zip **02914**
Secretary Name **Natalia Paiva-Neves**			Treasurer Name **Dinis Paiva**		
Street Address **579 Warren Ave**			Street Address **162 South Spruce Ave**		
City **East providence**	State **RI**	Zip **02914**	City **East Providence**	State **RI**	Zip **02914**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Dinis Paiva**			Director Name **None**		
Street Address **162 South Spruce Ave**			Street Address		
City **East Providence**	State **RI**	Zip **02914**	City	State	Zip
Director Name **None**			Director Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**Common**	**No Par Value**

11. 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.

Name of Authorized Representative	Date
Dinis Paiva	

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
MAR 01 2017
BY 297194

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016