



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 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. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Restaurant business together with all things incidental thereto			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 Joseph Paglia					Date 4-26-17
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

MAY 01 2017

BY 18356 DS