

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

Annual Report for the year: 2018
Corporation

- 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 000075644 | | 2. Exact name of the Corporation TROPICAL ILHAS, INC | | | |
| 3. Principal Office Address 472 WATERMAN AVE | | City EAST PROV | | State RI | Zip 02914 |
| 4. NAICS Code 722410 | | 6. Brief description of the character of business conducted in Rhode Island LOUNGE, EATING ESTABLISHMENT | | | |
| 5. State of Incorporation 1994 | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name ELAINE BRIGGS | | | Vice-President Name JOAQUIM DE PINA | | |
| Street Address 49 GEORGE ST | | | Street Address 49 APPLETON ST | | |
| City EAST PROV | State RI | Zip 02914 | City BROCKTON | State MASS | Zip |
| Secretary Name DIANNE ELDERKIN | | | Treasurer Name ELIZABETH CROMWELL | | |
| Street Address 243 CRESCENT AVE | | | Street Address 20 WHELDON AVE | | |
| City E PROV | State RI | Zip 02914 | City E PROV | State RI | Zip 02914 |
| 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 | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 0 | | |
| 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 ELAINE BRIGGS | | | | | Date 1/24/18 |
| Signature of Authorized Representative <i>Elaine Briggs</i> | | | | | FILED JAN 29 2018 <i>OV</i> |

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

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