



State of Rhode Island and Providence Plantations

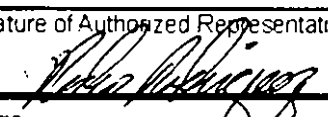
Department of State - Business Services Division

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 000508027		2 Exact name of the Corporation AURORA RESTAURANT, INC			
3 Principal Office Address 516 PRAIRE AVENUE		City PROVIDENCE		State RI	Zip 02905
4 NAICS Code 722511	6 Brief description of the character of business conducted in Rhode Island HISPANIC RESTAURANT				
5 State of Incorporation RHODE ISLAND					
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name PEDRO RODRIGUEZ			Vice-President Name		
Street Address 204 PAVILLION AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8 List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10 Shares issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 500	CLASS/SERIES STK	PAR VALUE 0.001
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 PEDRO RODRIGUEZ					Date 02/08/2018
Signature of Authorized Representative 					

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

FILED

FEB 26 2018

BY

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FD-2030 Revised 10/2017