RI SOS Filing Number: 201859701870 Date: 3/2/2018 4:00:00 PM

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	2. Exact name of the Corporation			
000519614	**Flor Di Brava Inc**			
3. Principal Office Address		City	State	Zip
593 Weeden Street		**Pawtucket**	**RI**	**02860**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445110	**Grocery Store**			
5. State of Incorporation				
RI				

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

President Name **Antonio Gomes**			Vice-President Name		
Street Address **95 Young Street #1**			Street Address		
City **Pawtucket**	State **RI**	Zip **02860**	City	State	Zip
Secretary Name **Idilia Gomes**			Treasurer Name		
Street Address **95 Young Street #1**			Street Address		
City **Pawtucket**	State **RI**	Zip **02860**	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	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.	**10000**	**CNP**	**0.0000**

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
Antonio Gomes	2/27/18

Signature of Authorized Representative

Antonio A. Gomes

SIGNATURE OF PREPARER

FILED
MAR 02 2018
4342

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: 10/2017