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

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CORPORATIONS DIV.
2018 MAR 16 A 10:44

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		
84046	RIVIERA INN DINING AND BANQUET COMPANY		
3. Principal Office Address	City	State	Zip
584 North Broadway	East Providence	RI	02914
4. NAICS Code: 722511	6. Brief description of the character of business conducted in Rhode Island: TO OPERATE A RESTAURANT BUSINESS, MEETING FACILITY, CONDUCT BANQUETS, AND PROVIDE ENTERTAINMENT		
5. State of Incorporation: Rhode Island			

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

President Name: JOSE I. MENDES			Vice-President Name: LUCY D. MENDES		
Street Address: 118 Lauren Drive			Street Address: 118 Lauren Drive		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771
Secretary Name: JOSE I. MENDES			Treasurer Name: LUCY D. MENDES		
Street Address: 118 Lauren Drive			Street Address: 118 Lauren Drive		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771

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

Director Name: JOSE I. MENDES			Director Name: LUCY D. MENDES		
Street Address: 118 Lauren Drive			Street Address: 118 Lauren Drive		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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	CLASS/SERIES	PAR VALUE
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
JOSE I. MENDES, PRESIDENT	February 20, 2018

Signature of Authorized Representative: Jose I. Mendes — SIGN DOCUMENT — FILED

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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FORM 630 - Revised: 10/2017