



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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CORPORATIONS DIV

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| | | | |
|---|--|---|-------------------------|
| 1. Entity ID Number <u>142574</u> | | 2. Exact name of the Corporation <u>NOVA CHURRASQUEIRA RESTAURANTE J&M LTD</u> | |
| 3. Principal Office Address <u>434, BROADWAY</u> | | City <u>PAWTUCKET</u> | State <u>RI</u> |
| | | Zip <u>02860</u> | |
| 4. NAICS Code <u>722511</u> | 6. Brief description of the character of business conducted in Rhode Island <u>RESTAURANT</u> | | |
| 5. State of Incorporation <u>RIHODE ISLAND</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>FLAVIA DEBRITO</u> | | Vice-President Name <u>JOSE DEBRITO</u> | |
| Street Address <u>15 DAVIS ST</u> | | Street Address <u>21 COYLE AVE</u> | |
| City <u>PAWTUCKET</u> | State <u>RI</u> | City <u>PAWTUCKET</u> | State <u>RI</u> |
| Zip <u>02860</u> | | Zip <u>02860</u> | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | Zip |
| 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 | City | State |
| | Zip | | Zip |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | 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. | | NUMBER OF SHARES <u>100</u> | CLASS/SERIES <u></u> |
| Changes require an additional filing. | | | PAR VALUE <u>0</u> |
| 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 <u>JOSE DEBRITO</u> | | Date <u>8/24/2018</u> | |
| Signature of Authorized Representative <u>[Signature]</u> | | 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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