



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
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 <b>75644</b>		2. Exact name of the Corporation <b>Tropical Ilhas, Inc.</b>			
3. Principal Office Address <b>472 Waterman Avenue</b>			City <b>East Providence</b>	State <b>R.I.</b>	Zip <b>02914</b>
4. NAICS Code <b>722410</b>	6. Brief description of the character of business conducted in Rhode Island <b>Small Lounge-entertainment</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Elaine Briggs</b>			Vice-President Name <b>Joaquim DePina</b>		
Street Address <b>49 George Street</b>			Street Address <b>49 Appleton Street</b>		
City <b>East Providence</b>	State <b>R.I.</b>	Zip <b>02914</b>	City <b>Brockton</b>	State <b>Mass.</b>	Zip <b>02301</b>
Secretary Name <b>Dianne Elderkin</b>			Treasurer Name <b>Elizabeth Cornwell</b>		
Street Address <b>10 Cozzens Avenue</b>			Street Address <b>20 Wheldon Avenue</b>		
City <b>Riverside</b>	State <b>R.I.</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>R.I.</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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. <b>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.</b>					
Name of Authorized Representative <b>Elaine Briggs</b>				Date <b>1/21/2019</b>	
Signature of Authorized Representative <i>Elaine Briggs</i>					

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