



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 75644		2. Exact name of the Corporation Tropical Ilhas, Inc.			
3. Principal Office Address 472 Waterman Avenue			City East Providence	State R.I.	Zip 02914
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island Small Lounge-entertainment			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elaine Briggs			Vice-President Name Joaquim DePina		
Street Address 49 George Street			Street Address 49 Appleton Street		
City East Providence	State R.I.	Zip 02914	City Brockton	State Mass.	Zip 02301
Secretary Name Dianne Elderkin			Treasurer Name Elizabeth Cornwell		
Street Address 10 Cozzens Avenue			Street Address 20 Wheldon Avenue		
City Riverside	State R.I.	Zip 02915	City East Providence	State R.I.	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			0		
					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 Elaine Briggs				Date 1/21/2019	
Signature of Authorized Representative <i>Elaine Briggs</i>					

FILED *or*

JAN 24 2019

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