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

FILED
FEB 25 2019 MP
BY 29326

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	2. Exact name of the Corporation			
001669888	COPACABANA RESTAURANT, INC.			
3. Principal Office Address		City	State	Zip
185-01 HILLSIDE AVENUE		JAMAICA	NY	11432
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	FULL-SERVICE RESTAURANT			
5. State of Incorporation				
RI				

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

President Name ANGELA ROLDAN			Vice-President Name SAME		
Street Address 185-01 HILLSIDE AVENUE, APT. 2M			Street Address		
City JAMAICA	State NY	Zip 11432	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name ANGELA ROLDAN			Director Name		
Street Address SAME			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

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
1000	COMMON	NO PAR

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
ANGELA ROLDAN	02/22/2019

Signature of Authorized Representative: Angela Roldan

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