

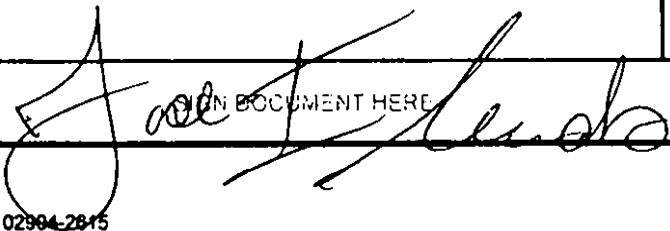


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED
STAMP
MAR 25 2019
BY 2638 DS

1. Entity ID Number 84046		2. Exact name of the Corporation RIVIERA INN DINING AND BANQUET COMPANY			
3. Principal Office Address 584 North Broadway		City East Providence		State RI	Zip 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 <input type="checkbox"/>
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 <input type="checkbox"/>
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			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 JOSE I. MENDES, PRESIDENT				Date February 19, 2019	
Signature of Authorized Representative 				Date	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2845
Phone: (401) 222-3040
Website: www.sos.ri.gov