



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVAnnual Report for the year: 2019
Corporation

2019 MAR 28 AM 10:56

- 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 1658169		2. Exact name of the Corporation LOVERA V.P., INC	
3. Principal Office Address 1266 BROAD ST		City PROVIDENCE	State RI
		Zip 02905	
4. NAICS Code 722410	6. Brief description of the character of business conducted in Rhode Island RESTAURANT, NIGHTCLUB, 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 JUDITH PEREZ		Vice-President Name MARIELA OGANDO	
Street Address 139 INDIANA AVE.		Street Address 76 FLORENCE ST	
City PROVIDENCE	State RI	City NEW BEDFORD	State MA
Zip 02905		Zip 02740	
Secretary Name MARIELA OGANDO		Treasurer Name JUDITH PEREZ	
Street Address 76 FLORENCE ST		Street Address 139 INDIANA AVE	
City NEW BEDFORD	State MASS	City PROVIDENCE	State RI
Zip 02740		Zip 02909	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JUDITH PEREZ		Director Name MARIELA OGANDO	
Street Address 139 INDIANA AVE		Street Address 76 FLORENCE ST	
City PROVIDENCE	State RI	City NEW BEDFORD	State MASS
Zip 02905		Zip 02740	
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	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200	
		COMMON	
		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 ROBINSON GRAY		Date 3/28/2019	
Signature of Authorized Representative 			

MAR 28 2019

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MAR 28 2019

BY

FORM 530 - Revised: 10/2017

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