



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual 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 <b>1658169</b>		2. Exact name of the Corporation <b>LOUERA V.I.P., INC</b>			
3. Principal Office Address <b>1266 BROAD ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	
4. NAICS Code <b>722410</b>	6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT, NIGHTCLUB, 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>JUDITH PEREZ</b>			Vice-President Name <b>MARIELA OGANDO</b>		
Street Address <b>139 INDIANA AVE.</b>			Street Address <b>76 FLORENCE ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>NEW BEDFORD</b>	State <b>MA</b>	Zip <b>02740</b>
Secretary Name <b>MARIELA OGANDO</b>			Treasurer Name <b>JUDITH PEREZ</b>		
Street Address <b>76 FLORENCE ST</b>			Street Address <b>139 INDIANA AVE</b>		
City <b>NEW BEDFORD</b>	State <b>MASS</b>	Zip <b>02740</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</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>JUDITH PEREZ</b>			Director Name <b>MARIELA OGANDO</b>		
Street Address <b>139 INDIANA AVE</b>			Street Address <b>76 FLORENCE ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>NEW BEDFORD</b>	State <b>MASS</b>	Zip <b>02740</b>
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
			<b>200</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>
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>ROBINSON BRADY</b>					Date <b>3/28/2019</b>
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

MAR 28 2019

FILED

FILED

MAR 28 2019

BY

FORM 630 - Revised: 10/2017

10:56