



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88330		2. Name of Corporation PAIVA RESTAURANT CORPORATION			
3. Street Address Principal Business Office 579 WARREN AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. (40438-3769)		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A RESTAURANT AND TAVERN.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DINIS PAIVA			Vice President Name DINIS PAIVA		
Street Address 162 SOUTH SPRUCE STREET			Street Address 162 SOUTH SPRUCE STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name DINIS PAIVA			Treasurer Name DINIS PAIVA		
Street Address 162 SOUTH SPRUCE STREET			Street Address 162 SOUTH SPRUCE STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DINIS PAIVA			Director Name		
Street Address 162 SOUTH SPRUCE STREET			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100 SHARES	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**PAID**  
CK # 1056

\*88330 DBC 06/27/05 12:54:05 PM\*

File Date 9/23/05

Check No. 1056

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 8/24/05

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

DINIS PAIVA

Print or Type Name of Officer \_\_\_\_\_

PRESIDENT

Title of Officer \_\_\_\_\_



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88330  
2. Name of Corporation PAIVA RESTAURANT CORPORATION  
3. Street Address Principal Business Office 579 WARREN AVENUE  
City EAST PROVIDENCE State RI Zip 02914  
4. Business Phone No. 4014383769  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 3079  
7. Brief Description of the Character of Business Conducted in Rhode Island  
OPERATION OF A RESTAURANT AND TAVERN.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DINIS PAIVA Street Address 162 SOUTH SPRUCE STREET City EAST PROVIDENCE State RI Zip 02914	Vice President Name DINIS PAIVA Street Address 162 SOUTH SPRUCE STREET City EAST PROVIDENCE State RI Zip 02914
Secretary Name DINIS PAIVA Street Address 162 SOUTH SPRUCE STREET City EAST PROVIDENCE State RI Zip 02914	Treasurer Name DINIS PAIVA Street Address 162 SOUTH SPRUCE STREET City EAST PROVIDENCE State RI Zip 02914

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DINIS PAIVA Street Address 162 SOUTH SPRUCE STREET City EAST PROVIDENCE State RI Zip 02914	Director Name NONE Street Address NONE City NONE State NONE Zip NONE
Director Name NONE Street Address NONE City NONE State NONE Zip NONE	Director Name NONE Street Address NONE City NONE State NONE Zip NONE

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
100 SHARES	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**PAID**  
CR # 3094



8 8 3 3 0

\*88330 DBC 02/01/04 10:58:20 AM\*

File Date 6/18/04

Check No. 3094

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date 6/18/04

DINIS PAIVA  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **88330** 2. Name of Corporation **PAIVA RESTAURANT CORPORATION**  
3. Street Address Principal Business Office  
**579 Warren Avenue**  
4. Business Phone No. **(401) 438-3769** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Restaurant - Full Service**

City **East Providence** State **RI** Zip **02914**  
6. SIC Code **3079**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **DINIS PAIVA**  
Street Address **162 South Spruce Street**  
City **East Providence** State **RI** Zip **02914**

Vice President Name **DINIS PAIVA**  
Street Address **162 South Spruce Street**  
City **East Providence** State **RI** Zip **02914**

Secretary Name **DINIS PAIVA**  
Street Address **162 South Spruce Street**  
City **East Providence** State **RI** Zip **02914**

Treasurer Name **DINIS PAIVA**  
Street Address **162 South Spruce Street**  
City **East Providence** State **RI** Zip **02914**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **DINIS PAIVA**  
Street Address **162 South Spruce Street**  
City **East Providence** State **RI** Zip **02914**

Director Name **NONE**  
Street Address **NONE**  
City **NONE** State **NONE** Zip **NONE**

Director Name **NONE**  
Street Address **NONE**  
City **NONE** State **NONE** Zip **NONE**

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
1,000	NO PAR VALUE	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
100	COMMON	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**PAID** CR# 2586

\* 8 8 3 3 0 \*

File Date: 6-16-03

Check No.: 2586

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date 3/31/03  
Signature of Officer  
DINIS PAIVA  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88330**  
2. Name of Corporation **PAIVA RESTAURANT CORPORATION**  
3. Street Address Principal Business Office  
**579 WARREN AVENUE**  
4. Business Phone No. **(401) 438-3769**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESTAURANT - FULL SERVICE**

City **EAST PROVIDENCE** State **R.I.** Zip **02914**  
6. SIC Code **3079**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **DINIS PAIVA**  
Street Address **162 SO. SPRUCE ST.**  
City **E. PROVIDENCE** State **RI** Zip **02914**

Vice President Name **DINIS PAIVA**  
Street Address **162 SO. SPRUCE ST.**  
City **E. PROVIDENCE** State **RI** Zip **02914**

Secretary Name **DINIS PAIVA**  
Street Address **162 SO. SPRUCE ST.**  
City **E. PROVIDENCE** State **RI** Zip **02914**

Treasurer Name **DINIS PAIVA**  
Street Address **162 SO. SPRUCE ST.**  
City **E. PROVIDENCE** State **RI** Zip **02914**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **DINIS PAIVA**  
Street Address **162 SO. SPRUCE ST.**  
City **E. PROVIDENCE** State **RI** Zip **02914**

Director Name **NONE**  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name **NONE**  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name **NONE**  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 SHARES COMMON NO PAR**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 8 3 3 0 \*

File Date: **5-23-02**  
Check No.: **1195**  
By: **DMF**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **[Signature]** Date **5/14/02**

Print or Type Name of Officer **DINIS PAIVA**

Title of Officer **PRESIDENT**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88330** 2. Name of Corporation **PAIVA RESTAURANT CORPORATION**  
3. Street Address Principal Business Office **579 WARREN AVENUE** City **EAST PROVIDENCE** State **R. I.** Zip **02914**  
4. Business Phone No. **(401) 438-3769** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESTAURANT - FULL SERVICE**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
President Name **DINIS PAIVA** Vice President Name **DINIS PAIVA**  
Street Address **162 So. SPRUCE ST.** Street Address **162 So. SPRUCE ST.**  
City **E. PROVIDENCE** State **R. I.** Zip **02914** City **E. PROVIDENCE** State **R. I.** Zip **02914**  
Secretary Name **DINIS PAIVA** Treasurer Name **DINIS PAIVA**  
Street Address **162 So. SPRUCE ST.** Street Address **162 So. SPRUCE ST.**  
City **E. PROVIDENCE** State **R. I.** Zip **02914** City **E. PROVIDENCE** State **R. I.** Zip **02914**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name **DINIS PAIVA** Director Name **NONE**  
Street Address **162 So. SPRUCE ST.** Street Address \_\_\_\_\_  
City **E. PROVIDENCE** State **R. I.** Zip **02914** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name **NONE** Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES ISSUED SHARES  
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE** **100 SHARES COMMON NO PAR**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 8 3 3 0 \*

FILED  
COR#1242

File Date: **FILED**  
**JUN 27 2001**  
Check No.: **01 (C) 1242**  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: \_\_\_\_\_ Date: **1/26/01**  
**DINIS PAIVA**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88330 2. Name of Corporation PAIVA RESTAURANT CORPORATION  
3. Street Address Principal Business Office 579 WARREN AVENUE E. PROVIDENCE R. I. 02914  
4. Business Phone No. (401) 438-3769 5. State of Incorporation RHODE ISLAND 6. SIC Code 3079  
7. Brief Description of the Character of Business Conducted in Rhode Island  
FULL SERVICE RESTAURANT

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <u>DINIS PAIVA</u> Street Address <u>162 SO. SPRUCE ST.</u> City <u>E. PROVIDENCE R. I. 02914</u>	Vice President Name <u>DINIS PAIVA</u> Street Address <u>162 SO. SPRUCE ST.</u> City <u>E. PROVIDENCE R. I. 02914</u>
Secretary Name <u>DINIS PAIVA</u> Street Address <u>162 SO. SPRUCE ST.</u> City <u>E. PROVIDENCE R. I. 02914</u>	Treasurer Name <u>DINIS PAIVA</u> Street Address <u>162 SO. SPRUCE ST.</u> City <u>E. PROVIDENCE R. I. 02914</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <u>DINIS PAIVA</u> Street Address <u>162 SO. SPRUCE ST.</u> City <u>E. PROVIDENCE R. I. 02914</u>	Director Name <u>NONE</u> Street Address _____ City _____ State _____ Zip _____
Director Name <u>NONE</u> Street Address _____ City _____ State _____ Zip _____	Director Name <u>NONE</u> Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>1,000 SHS-</u>	<u>COMMON-</u>	<u>NO PAR VALUE</u>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>100 SHS</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: DINIS PAIVA Date: 8/16/00  
Print or Type Name of Officer: PRESIDENT  
Title of Officer: \_\_\_\_\_



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1999  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88330 2. Name of Corporation PAIVA RESTAURANT CORPORATION  
3. Street Address Principal Business Office 579 WARREN AVENUE City E. PROVIDENCE State R.I. Zip 02914  
4. Business Phone No. (401) 438-3769 5. State of Incorporation RHODE ISLAND 6. SIC Code 3079  
7. Brief Description of the Character of Business Conducted in Rhode Island FULL SERVICE RESTAURANT

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <u>DINIS PAIVA</u>	Vice President Name <u>DINIS PAIVA</u>
Street Address <u>162 SO. SPRUCE ST.</u>	Street Address <u>162 SO. SPRUCE ST.</u>
City <u>E. PROVIDENCE</u> State <u>R.I.</u> Zip <u>02914</u>	City <u>E. PROVIDENCE</u> State <u>R.I.</u> Zip <u>02914</u>
Secretary Name <u>DINIS PAIVA</u>	Treasurer Name <u>DINIS PAIVA</u>
Street Address <u>162 SO. SPRUCE ST.</u>	Street Address <u>162 SO. SPRUCE ST.</u>
City <u>E. PROVIDENCE</u> State <u>R.I.</u> Zip <u>02914</u>	City <u>E. PROVIDENCE</u> State <u>R.I.</u> Zip <u>02914</u>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <u>DINIS PAIVA</u>	Director Name <u>NONE</u>
Street Address <u>162 SO. SPRUCE ST.</u>	Street Address /
City <u>E. PROVIDENCE</u> State <u>R.I.</u> Zip <u>02914</u>	City / State / Zip
Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address /	Street Address /
City / State / Zip	City / State / Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<u>1,000 SHS-</u>	<u>COMMON -</u>	<u>NO PAR VALUE</u>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<u>100 SHS</u>	<u>COMMON</u>	<u>NO PAR</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: SEP 09 2000  
Check No.: 0711.58.505/6  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: [Signature] Date: 8/16/00  
Print or Type Name of Officer: DINIS PAIVA  
Title of Officer: PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88330** 2. Name of Corporation **PAIVA RESTAURANT CORPORATION**  
3. Street Address Principal Business Office **579 WARREN AVENUE E. PROVIDENCE R.I. 02914**  
4. Business Phone No. **(401) 438-3769** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESTAURANT - FULL SERVICE**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>DINIS PAIVA</b> Street Address <b>162 SO. SPRUCE ST.</b> City <b>EAST PROVIDENCE R.I.</b> State <b>R.I.</b> Zip <b>02914</b>	Vice President Name <b>DINIS PAIVA</b> Street Address <b>162 SO. SPRUCE ST.</b> City <b>E. PROVIDENCE R.I.</b> State <b>R.I.</b> Zip <b>02914</b>
Secretary Name <b>DINIS PAIVA</b> Street Address <b>162 SO. SPRUCE ST.</b> City <b>E. PROVIDENCE R.I.</b> State <b>R.I.</b> Zip <b>02914</b>	Treasurer Name <b>DINIS PAIVA</b> Street Address <b>162 SO. SPRUCE ST.</b> City <b>E. PROVIDENCE R.I.</b> State <b>R.I.</b> Zip <b>02914</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>DINIS PAIVA</b> Street Address <b>162 SO. SPRUCE ST.</b> City <b>E. PROVIDENCE R.I.</b> State <b>R.I.</b> Zip <b>02914</b>	Director Name <b>NONE</b> Street Address <b>/</b> City <b>/</b> State <b>/</b> Zip <b>/</b>
Director Name <b>NONE</b> Street Address <b>/</b> City <b>/</b> State <b>/</b> Zip <b>/</b>	Director Name <b>NONE</b> Street Address <b>/</b> City <b>/</b> State <b>/</b> Zip <b>/</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,000 SHS</b>	<b>NO PAR VALUE</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100 SHS</b>	<b>COMMON NO PAR</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: \_\_\_\_\_

Check No.: **SEP 03 2000**

By: **J. M. D. 2/20/00**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: \_\_\_\_\_ Date: **8/16/00**

**DINIS PAIVA**

Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88330**      2. Name of Corporation **PAIVA RESTAURANT CORPORATION**  
 3. Street Address Principal Business Office      City **E. Providence**      State **RI**      Zip **02914**  
**579 Warren Avenue,**  
 4. Business Phone No.      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **3079**  
**(401) 438-3769**  
 7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Dinis Paiva</b>	Vice President Name <b>Dinis Paiva</b>
Street Address <b>57 Fairfield Avenue</b>	Street Address <b>57 Fairfield Avenue</b>
City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>	City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>
Secretary Name <b>Dinis Paiva</b>	Treasurer Name <b>Dinis Paiva</b>
Street Address <b>57 Fairfield Avenue</b>	Street Address <b>57 Fairfield Avenue</b>
City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>	City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>Dinis Paiva</b>	Director Name
Street Address <b>57 Fairfield Avenue</b>	Street Address
City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>	City      State      Zip
Director Name	Director Name
Street Address	Street Address
City      State      Zip	City      State      Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>NO PAR VALUE</b>		<b>100 SHS</b>	<b>NO PAR VALUE</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/21/97  
 Check No.: Q181512 receipt  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature]      Date: 1-27-97  
 Print or Type Name of Officer: DINIS PAIVA  
 Title of Officer: President