RI SOS Filing Number: 201917340540 Date: 9/3/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year:

Corporation

2019 SEP -3 P 2: 30

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.							
Entity ID Number Exact name of the Corporation							
000685961 Adelina Production inc.							
3. Principal Office Address			City		State	Zip	
434 Brokdway			PAL	Hucket	IKL	02860	
NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
5/State of Incorporation Restituerent Lounge							
5. State of Incorporation /265 (LLUNOL NT EUM)							
Kich.							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President/filame				Vice-President Name			
Street Address				Street Address			
151 hoceo Aven							
Dry 27 cc Ket	State $\mathcal R$	7. 22862	City		State	Zip	
Secretary Name	/ \$	· · · · · · · · · · · · · · · · · · ·	Treasurer	Jame .	ــــــــــــــــــــــــــــــــــــــ		
Charles			Fil	Filipa Andrade			
Street Address			Street Addr	Street Address Same			
City	State	Zip	City	SUME	State	Zip	
Q Liet Al L disasters (agencia en de	- 44						
8. List ALL directors (names and a Director Name	addresses)		Director Na		the box to ind	icate an attachment	
Official Hame							
Street Address				Street Address			
City	State	Zip	City		State	Zip	
Director Name			 				
·				Director Name			
Street Address			Street Address				
City	State	Zip	Cit.		Tour		
		2.10	City		State	Zip	
9. Shares Authorized	000	10. Shares Issu	ed	Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SERIES PAR VALUE			
Changes require an additional filing.		0		Commou		0	
11. This report must be executed	on behalf of	the corporation by an ac	thorized rep	resentative. If the corpo	ration is in th	e hands of a receiver or	
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							
tille Hudride 109/01/19							
Signature of Authorized Representative							
FILLU -							
MAIL TO: SEP U3 ZU19							

Division of Business Services

148 W. River Street, Providence Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

BY On N2662 2:30

FORM 630 - Revised: 10/2017