

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionRECEIVED  
R.I. DEPT. OF STATE  
BUS SYCS DIVAnnual Report for the year: 2019  
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.

1. Entity ID Number <b>000685961</b>		2. Exact name of the Corporation <b>Adelina Production Inc.</b>	
3. Principal Office Address <b>436 Broadway</b>		City <b>PAWtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
4. NAICS Code <b>722-511</b>	6. Brief description of the character of business conducted in Rhode Island <b>Restaurant lounge</b>		
5. State of Incorporation <b>R.I.</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>Filipe Andrade</b>		Vice-President Name	
Street Address <b>151 Rocco Aven</b>		Street Address	
City <b>PAWtucket</b>	State <b>R.I.</b>	Zip <b>02860</b>	
Secretary Name		Treasurer Name <b>Filipe Andrade</b>	
Street Address		Street Address <b>Same</b>	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <b>1000</b>		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>0</b>	
		<b>Common</b>	
		<b>0</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.			
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 <b>Filipe Andrade</b>		Date <b>09/01/19</b>	
Signature of Authorized Representative			

FILED **C**

SEP 03 2019  
 BY **AN N2662**

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