RI SOS Filing Number: 201928216850 Date: 11/27/2019 2:36:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division					SECRETARY OF STATE CORPORATIONS DIV	
Annual Report for the year Corporation			2019 NOV	VATIONS DIVE		
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00					- •	27 PM 2: 33
→ Penalty: Additional \$25.00 fe	e if form is not fil	ed by April 1.				
1. Entity ID Number	2. Exact name of	the Corporation		· · ·	<del></del>	
309940	Padil		erprise	es Inc	•	
3. Principal Office Address	١ ^		City		State	Zip
50 Mt Pleaso	<u> </u>	<u>le</u>		tnce	RI	02908
4. NAICS Code				ucted in Rhode Isla	ind	
722513	<b>Beta</b>	1- Res	tauran	4		
5. State of Incorporation	·			•		
Rhole lisland	1					
7. List ALL officers (names and add	resses)			Charleth		
President Name	Check the box to indicate an attachment  Vice-President Name					
	19					
Street Address SO Mt Pleaso	irt All	Apy Z	Street Address			
City	State	Zip	City		State	Zip
Providence Secretary Name	RT	02908	Treasurer Name	<del></del>	<u> </u>	<u> </u>
L. ,			rreasurer Name			
Street Address			Street Address			
City	State	Zip	City	·-···	State	Zip
Q Liet At L discrete de		<u> </u>				
8. List ALL directors (names and addresses)  Check the box to indicate an attachment Director Name  Director Name						
Eagle Pagilla Street Address						
ISD MI DIPOSCY	Street Address					
City	State	AQ+ Z	City		State	Zip
TI OY ICKY CLE	IKI	80950			Journe 1	[2]
Director Name			Director Name			
Street Address	Street Address					
1			Sueer Aggress			
City	State	Zip	City	<del></del> -	State	Zip
9 Shares Authorized	<u> </u>	10. Shares Issue	<u> </u>	Ob a state	<u> </u>	<i>r</i>
This information is currently of reco-	rd in the	NUMBER OF S		CLASS/SERIES	ne box to inc	dicate an attachment  PAR VALUE
Department of State.		1000		<u> </u>		
Changes require an additional filing.		1000				0.01
11. This report must be executed a	n hehalf of the e-	moration by an -	this size of an in	A-A		<del></del>
<ol> <li>This report must be executed a trustee, this report must be execute</li> </ol>	eu on benair of the	E COMONATION by th	A receiver or toist	200		
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.						
						L 1
Eddie Manila			FILED			Q7/19
Signature of Authorized Represent	NOV 27 2019					
MAIL TO: Division of Business Services  148 W. Piver Street Breditions Blade blade 2004						
148 W. River Street, Providence, Rhod	e Island 02904-2615	5	~ <b>~</b>	•	<u> </u>	•

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