State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2021 MAR 19 A 11:24

STAMP
FOR

1. Entity ID Number	2. Exact name of the Corporation			
000073982	CARVALHO CORPORATION			
3. Principal Office Address		City	State	Zip
230 Sutton Avenue		East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722513	Restaurant with dining, carry out and delivery services.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Semiao Carvalho			Vice-President Name: Semiao Carvalho		
Street Address: 230 Sutton Avenue			Street Address: 230 Sutton Avenue		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914
Secretary Name: Semiao Carvalho			Treasurer Name: Semiao Carvalho		
Street Address: 230 Sutton Avenue			Street Address: 230 Sutton Avenue		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Semiao Carvalho			Director Name: None		
Street Address: 230 Sutton Avenue			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par Value

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
Semiao Carvalho	

Signature of Authorized Representative: Semiao M Carvalho — SIGN DOCUMENT HERE

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

FILED
MAR 19 2021
BY CR 2307

FORM 630 - Revised: 10/2017