



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
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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DEPARTMENT OF STATE
BUS SVCS DIV

2021 SEP 27 P 1:06

1. Entity ID Number <u>17114002</u>		2. Exact name of the Corporation <u>Terra Luna Cafe Providence Inc.</u>			
3. Principal Office Address <u>57 De Pasquale Ave.</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island <u>We are a restaurant (Latin Cuisine)</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Yenny Gonzalez</u>			Vice-President Name <u>MARIA Alcantara</u>		
Street Address <u>585 S. Bradford st.</u>			Street Address <u>38 Beaconfield</u>		
City <u>North Andover</u>	State <u>MA</u>	Zip <u>01845</u>	City <u>Lawrence</u>	State <u>MA</u>	Zip <u>01843</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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 <u>0</u>	CLASS/SERIES	PAR VALUE <u>0</u>
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 <u>Yenny Gonzalez</u>				Date <u>09-27-2021</u>	
Signature of Authorized Representative <u>[Signature]</u>					

FILED

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

SEP 27 2021

BY CN 9P4RB

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