




State of Rhode Island
Department of State - Business Services Division

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 BUSINESS SERVICES DIVISION

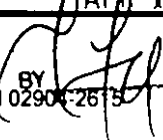
Annual Report for the year: 2022
Corporation _____

2022 APR 14 P 2:05

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 00146037		2. Exact name of the Corporation EL SALVADORENO RESTAURANT INC			
3. Principal Office Address 791 LONSDALE AVENUE		City CENTRAL FALLS	State RI	Zip 02863	
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DOLORES ACEVEDO			Vice-President Name PEDRO ACEVEDO		
Street Address 8 JEFFERSON STREET			Street Address 791 LONSDALE AVENUE		
City ATTLEBORO	State MA	Zip 02703	City CENTRAL FALLS	State RI	Zip 02863
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 <input type="checkbox"/>					
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		STK	0.00
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. <i>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.</i>					
Name of Authorized Representative DOLORES ACEVEDO				Date 05/07/2022	
FILED					
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2613
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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