



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>000685961</u>		2. Exact name of the Corporation <u>Adelina production inc</u>		2023 FEB -3 P 12:09	
3. Principal Office Address <u>434 Broadway</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02860</u>	
4. NAICS Code <u>722511</u>	6. Brief description of the character of business conducted in Rhode Island <u>Bar lounge</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Filipe Andrade</u>			Vice-President Name		
Street Address <u>151 Rocco Ave</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02861</u>	City	State	Zip
Secretary Name			Treasurer Name <u>Filipe Andrade</u>		
Street Address			Street Address <u>same</u>		
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
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>Filipe Andrade</u>				Date <u>02/03/23</u>	
Signature of Authorized Representative <u>Filipe Andrade</u>				FILED	

FEB 03 2023
BY ML NGJBA