



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB -3 P 12:09

1. Entity ID Number <u>000685961</u>		2. Exact name of the Corporation <u>Adelina production inc</u>			
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment: <input type="checkbox"/>			
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

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