



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

→ Filing period January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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

2023 MAR 31 12:02

1. Entry ID Number 000088330		2. Exact name of the Corporation PAIVA RESTAURANT CORPORATION	
3. Principal Office Address 579 Warren Avenue		City East Providence	State RI
		Zip 02914	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island Operation of a restaurant and tavern		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dinis Paiva		Vice-President Name Dinis Paiva	
Street Address 162 So Spruce St		Street Address 162 So Spruce St	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
Secretary Name Natalia Paiva-Neves		Treasurer Name Dinis Paiva	
Street Address 579 Warren Avenue		Street Address 162 So Spruce St	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Dinis Paiva		Director Name None	
Street Address 162 So Spruce St		Street Address	
City East Providence	State RI	City	State
Zip 02914		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		100	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 Dinis Paiva		Date 3-13-2023	
Signature of Authorized Representative 		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 31 2023**
BY ML 441

FORM 630 - Revised: 10/2017