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.

STAMP

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2023 MAR 31 P 12:02

1 Entity ID Number	2. Exact name of the Corporation			
000088330	PAIVA RESTAURANT CORPORATION			
3 Principal Office Address		City	State	Zip
579 Warren Avenue		East Providence	RI	02914
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	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 ☐

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	Zip: 02914	City: East Providence	State: RI	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	Zip: 02914	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Dinis Paiva			Director Name: None		
Street Address: 162 So Spruce St			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:
Director Name: None			Director Name: None		
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	CLASS/SERIES	PAR VALUE
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	Date
Dinis Paiva	3-13-2023

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

MAR 31 2023

BY ML 441

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

FORM 630 - Revised: 10/2017