



State of Rhode Island

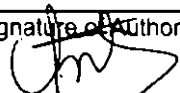
Department of State - Business Services Division

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
 DIV. OF STATE

2023 JUN 14 A 10 51

1. Entity ID Number 001663846		2. Exact name of the Corporation COSTA DEL SOL RESTAURANT INC			
3. Principal Office Address 502 ROOSEVELT 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 SERVICES 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 DELORES ACEVEDO			Vice-President Name DELORES ACEVEDO		
Street Address 8 JEFFERSON STREET			Street Address 8 JEFFERSON STREET		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
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
		1000		CNP	0.01
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 DELORES ACEVEDO					Date 04-15-2023
Signature of Authorized Representative 					FILED

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
JUN 14 2023
 BY ML 1279