



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  
STATE OF RHODE ISLAND  
JUN 14 2023

1. Entity ID Number <b>00146037</b>		2. Exact name of the Corporation <b>EL SALVADORENO RESTAURANT INC</b>		2023 JUN 14 A 10:55										
3. Principal Office Address <b>791 LONSDALE AVENUE</b>			City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>									
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>FULL SERVICE RESTAURANT</b>												
5. State of Incorporation <b>RHODE ISLAND</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>DOLORES ACEVEDO</b>			Vice-President Name <b>PEDRO ACEVEDO</b>											
Street Address <b>8 JEFFERSON STREET</b>			Street Address <b>791 LONSDALE AVENUE</b>											
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>STK</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	STK	0.00			
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100	STK	0.00												
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.														
<b>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.</b>														
Name of Authorized Representative <b>PEDRO ACEVEDO</b>				Date <b>03/06/2023</b>										
Signature of Authorized Representative <i>Pedro Acevedo</i>				<b>FILED</b> <b>JUN 14 2023</b> <b>BY ML 961</b>										