



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 00146037		2. Exact name of the Corporation EL SALVADORENO RESTAURANT INC				2023 JUN 14 A 10:55	
3. Principal Office Address 791 LONSDALE 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 SERVICE 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 DOLORES ACEVEDO			Vice-President Name PEDRO ACEVEDO				
Street Address 8 JEFFERSON STREET			Street Address 791 LONSDALE AVENUE				
City NORTH ATTLEBORO		State MA	Zip 02703	City CENTRAL FALLS		Zip 02863	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City		State	Zip	City		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		Zip	
Director Name			Director Name				
Street Address			Street Address				
City		State	Zip	City		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	
			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. 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 PEDRO ACEVEDO					Date 03/06/2023		
Signature of Authorized Representative <i>Pedro Acevedo</i>					FILED JUN 14 2023 BY ML 961		

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