



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

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.

JUL 25 2023
BY *[Signature]*
FOR SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001711400		2. Exact name of the Corporation Terra Luna Cafe Providence, Inc.			
3. Principal Office Address 57 DE PASQUALE AVENUE			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 723515		6. Brief description of the character of business conducted in Rhode Island RESTAURANT, LATIN-CUISINE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name YENNY GONZALEZ			Vice-President Name MARIA ALCANTARA		
Street Address 585 SOUTH BRADFORD STREET			Street Address 38 BEACONSFEILD STREET		
City NORTH ANDOVER	State MA	Zip 01845	City LAWRENCE	State MA	Zip 01843
Secretary Name NONE			Treasurer Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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	
		100.00		CNP	
		NONE		NONE	
		PAR VALUE		\$0.00	
				NONE	
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 YENNY GONZALEZ				Date 7/21/23	
Signature of Authorized Representative <i>[Signature]</i>					