



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2024  
Corporation

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BUS SVCS DIV

2023 OCT 17 P 2:22

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001714920</b>	2. Exact name of the Corporation <b>Adriana Enterprise, Inc.</b>
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3. Principal Office Address <b>494 DEXTER STREET</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
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4. NAICS Code <b>722511</b>	6. Brief description of the character of business conducted in Rhode Island <b>FULL-SERVICE RESTAURANTS TITLE: 7-1.2-1701</b>
5. State of Incorporation <b>RI</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>Adriana Moncada</b>			Vice-President Name		
Street Address <b>723 BRUARD ST</b>			Street Address		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City	State	Zip
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>100</b>	<b>CNP</b>	<b>\$0.0100</b>

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 <b>Adriana Moncada</b>	Date <b>10/17/23</b>
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Signature of Authorized Representative <b>Adriana Moncada</b>	<b>FILED</b>
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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

OCT 17 2023 2:24 pm  
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 FORM 630- Revised. 04/2023