



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 17 P 2:22

1. Entity ID Number 001714920		2. Exact name of the Corporation Adriana Enterprise, Inc.			
3. Principal Office Address 494 DEXTER STREET		City CENTRAL FALLS		State RI	Zip 02863
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island FULL-SERVICE RESTAURANTS TITLE: 7-1.2-1701			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Adrian Moncada			Vice-President Name		
Street Address 723 BRUARD ST			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.			100	CNP	\$0.0100
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 Adrian Moncada					Date 10/17/23
Signature of Authorized Representative Adrian Moncada					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

OCT 17 2023 2:24pm
BY LKS 45T Z1
FORM 630- Revised: 04/2023