RI SOS Filing Number: 202449411700 Date: 3/22/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

RECD RIDOS BS '24 MAR 22 PM1:21 50

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.

1. Entity ID Number	2. Exact name of the Corporation
000073982	CARVALHO CORPORATION

3. Principal Office Address	City	State	Zip
230 Sutton Avenue	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	Restaurant with dining, carry out and delivery services
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Semiao Carvalho			Vice-President Name: None		
Street Address: 230 Sutton Avenue			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:
Secretary Name: Semiao Carvalho			Treasurer Name: Semiao Carvalho		
Street Address: 230 Sutton Avenue			Street Address: 230 Sutton Avenue		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Semiao Carvalho			Director Name: None		
Street Address: 230 Sutton Avenue			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No par value

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: Semiao Carvalho

Date: 3/21/2024

Signature of Authorized Representative: x Semiao M Carvalho

FILED

MAR 22 2024

BY ML 222

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

FORM 630- Revised 12/2023