RI SOS Filing Number: 202449414170 Date: 3/22/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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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
00129093	CAFE RESTAURANT BEIRAO, INC

3. Principal Office Address	City	State	Zip
1374 Broad Street	Central Falls	RI	02863

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	Restaurant serving Portuguese cuisine and alcohol
5. State of Incorporation	
RI	

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

President Name: Vera Ramos			Vice-President Name: Orlando Ramos		
Street Address: 82 Hobson Avenue			Street Address: 82 Hobson Avenue		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914
Secretary Name: Vera Ramos			Treasurer Name: Orlando Ramos		
Street Address: 82 Hobson Avenue			Street Address: 82 Hobson 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: Vera Ramos			Director Name: None		
Street Address: 82 Hobson 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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	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	Date
Vera Ramos	02-09-24

Signature of Authorized Representative

FILED
MAR 22 2024
BY ML 3705

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