



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

MAY 8 2024

BY

Annual Report for the year: 2024

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>1658169</b>		2. Exact name of the Corporation <b>LOVERA VIP, INC</b>			
3. Principal Office Address <b>1266 BROAD STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>71 - Arts, Entertainment, and R</b>		6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT, NIGHTCLUB, ENTERTAINMENT</b>			
5. State of Incorporation <b>RHODE ISLAND</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>JUDITH PEREZ</b>			Vice-President Name <b>MARIELA OGANDO</b>		
Street Address <b>139 INDIANA AVENUE</b>			Street Address <b>76 FLORENCE STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>NEW BEDFORD</b>	State <b>MA</b>	Zip <b>02905</b>
Secretary Name <b>MARIELA OGANDO</b>			Treasurer Name <b>JUDITH PEREZ</b>		
Street Address <b>76 FLORENCE STREET</b>			Street Address <b>139 INDIANA AVENUE</b>		
City <b>NEW BEDFORD</b>	State <b>MA</b>	Zip <b>02740</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JUDITH PEREZ</b>			Director Name <b>MARIELA OGANDO</b>		
Street Address <b>139 INDIANA AVENUE</b>			Street Address <b>76 FLORENCE STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>NEW BEDFORD</b>	State <b>MA</b>	Zip <b>02740</b>
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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 <b>JUDITH PEREZ</b>				Date <b>12/08/2023</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov