

722511

MADE NON-SUBSTANTIVE EDITS

State of Rhode Island
Department of State - Business Services Division

FILED

FEB 10 2025

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 113 EC

1. Entity ID Number 001779966		2. Exact name of the Corporation SOL DE Portugal Restaurant INC			
3. Principal Office Address 1525 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MILDRED Y. ALVARADO			Vice-President Name		
Street Address 1525 SMITH STREET			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	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.		75	CNP	00.00	
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 MILDRED Y. ALVARADO				Date 01/30/2025	
Signature of Authorized Representative Mildred Alvarado					

MAIL TO:

Division of Business Services

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