



State of Rhode Island  
Department of State - Business Services Division

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.

REC'D R1005 BSD  
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|  |             |   |   |                     |                   |
|--|-------------|---|---|---------------------|-------------------|
| 1. Entity ID Number<br>508027  |             | 2. Exact name of the Corporation<br>AURORA RESTAURANT INC   |   |                     |                   |
| 3. Principal Office Address<br>516 PRAIRIE AVENUE  |             | City<br>PROVIDENCE  |   | State<br>RI         | Zip<br>02905      |
| 4. NAICS Code<br>122511  |             | 6. Brief description of the character of business conducted in Rhode Island<br>SPANISH RESTAURANT |   |                     |                   |
| 5. State of Incorporation<br>122511  |             |   |   |                     |                   |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |   |                     |                   |
| President Name<br>PEDRO RODRIGUEZ  |             |   | Vice-President Name   |                     |                   |
| Street Address<br>204 PAVILLION AVENUE   |             |   | Street Address  |                     |                   |
| City<br>PROVIDENCE   | State<br>RI | Zip<br>02905  | City  | State               | Zip               |
| Secretary Name   |             |   | Treasurer Name  |                     |                   |
| Street Address   |             |   | Street Address  |                     |                   |
| City   | State       | Zip   | City  | State               | Zip               |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |   |                     |                   |
| 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 <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.<br><br>Changes require an additional filing.   |             |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                     |                   |
|  |             |   | NUMBER OF SHARES<br>500   | CLASS/SERIES<br>STK | PAR VALUE<br>0.01 |
| 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.<br><b>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.</b> |             |   |   |                     |                   |
| Name of Authorized Representative<br>PEDRO RODRIGUEZ   |             |   |   |                     | Date<br>6/3/25    |
| Signature of Authorized Representative<br>   |             |   |   |                     | FILED             |

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