



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 RI SOS BSD
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1. Entity ID Number <u>001767489</u>		2. Exact name of the Corporation <u>Eosmopolitan inc</u>			
3. Principal Office Address <u>494 Dexter St</u>			City <u>central falls</u>	State <u>RI</u>	Zip <u>02368</u>
4. NAICS Code <u>722511</u>		6. Brief description of the character of business conducted in Rhode Island <u>Restaurant and lounge.</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Juan C Rodriguez</u>			Vice-President Name <u>Humberto Rodriguez</u>		
Street Address <u>298 Princeton St.</u>			Street Address <u>298 Princeton St</u>		
City <u>East Boston</u>	State <u>MA</u>	Zip <u>02151</u>	City <u>East Boston</u>	State <u>MA</u>	Zip <u>02128</u>
Secretary Name <u>Walter Rodriguez</u>			Treasurer Name		
Street Address <u>298 Princeton St</u>			Street Address		
City <u>East Boston</u>	State <u>MA</u>	Zip <u>02128</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>Juan C Rodriguez</u>			Director Name <u>Humberto Rodriguez</u>		
Street Address <u>298 Princeton St</u>			Street Address <u>298 Princeton St</u>		
City <u>East Boston</u>	State <u>MA</u>	Zip <u>02128</u>	City <u>East Boston</u>	State <u>MA</u>	Zip <u>02128</u>
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 ☐		
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 <u>Juan C Rodriguez</u>					Date <u>08/28/2025</u>
Signature of Authorized Representative <u>Juan C Rodriguez</u>					

FILED

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

AUG 28 2025

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