



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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FOR SECRETARY OF STATE OFFICE

Annual Report for the year: 2019 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 71606

1. Entity ID Number 158843		2. Exact name of the Corporation RIVERA SERVICE CORPORATION					
3. Principal Office Address 1955 WESTMINSTER STREET				City PROVIDENCE		State RI	Zip 02909
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 RICARDO RIVERA			Vice-President Name IVAN I. RIVERA				
Street Address 1955 WESTMINSTER STREET			Street Address 1955 WESTMINSTER STREET				
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909		
Secretary Name RICARDO RIVERA			Treasurer Name RICARDO RIVERA				
Street Address 1955 WESTMINSTER STREET			Street Address 1955 WESTMINSTER STREET				
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name RICARDO RIVERA			Director Name				
Street Address 1955 WESTMINSTER STREET			Street Address				
City PROVIDENCE	State RI	Zip 02909	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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
			1000	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. <i>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.</i>							
Name of Authorized Representative RICARDO RIVERA					Date 02/24/2019		
Signature of Authorized Representative <i>[Signature]</i>			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