RI SOS Filing Number: 201858853930 Date: 2/21/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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Entity ID Number 46460		2. Exact name of the Corporation Panteleos Enterprises Inc.							
3. Principal Office Address	Principal Office Address		City	7	State	Zip			
560 Aquidneck Ave			Middletown		RI	02842			
NAICS Code State of Incorporation Rhode Island	6. Brief desc Investment		cter of business coi	nducted in Rhode Isla	and				
7. List ALL officers (names and	l addresses)				ne box to ind	licate an attachment 🔲			
President Name Leon A. Panteleos			Vice-President Name None						
Street Address 560 Aquidneck Ave			Street Address						
City Middletown	State RI	Zip 02842	City	City		Zıp			
Secretary Name Leon A. Panteleos			Treasurer Name Leon A. Panteleos						
Street Address 560 Aquidneck Ave			Street Address	Street Address 560 Aquidneck Ave					
City Middletown	State RI	Zip 02842	City Middletown		State RI	^{Zip} 02842			
8. List ALL directors (names ar	nd addresses)			Check th	ne box to inc	licate an attachment			
Director Name Leon A. Pantele	eos		Director Name						
Street Address 560 Aquidneck Ave			Street Address	Street Address					
City Middletown	State RI	Zip 02842	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City	•	State	Zip			
9. Shares Authorized 10. Shares Is:									
This information is currently of a Department of State.	record in the	NUMBER OF SHARES		CI ASS/SFRIES		PAR VALUE			
,		2,200		Common		No par			
Changes require an additional filing.									
11. This report must be execute trustee, this report must be exe					ation is in the	e hands of a receiver or			
Under penalty of perjury, I de				cluding any accomp	anying sch	redules and			
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date				
Leon A. Panteleos					2-5-18				
Signature of Authorized Repres	sentative /	SICN DO	CUMENT HER	t.					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov