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2019 SEP 17 12:41



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 46460		2. Exact name of the Corporation Panteleos Enterprises Inc.							
3. Principal Office Address 560 Aquidneck Ave				City Middletown	State RI	Zip 02842			
4. NAICS Code 331512		6. Brief description of the character of business conducted in Rhode Island Investments							
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 Leon A. Panteleos				Vice-President Name None					
Street Address 560 Aquidneck Ave				Street Address					
City Middletown	State RI	Zip 02842		City	State	Zip			
Secretary Name Leon A. Panteleos				Treasurer Name Leon A. Panteleos					
Street Address 560 Aquidneck Ave				Street Address 560 Aquidneck Ave					
City Middletown	State RI	Zip 02842		City Middletown	State RI	Zip 02842			
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name Leon A. Panteleos				Director Name					
Street Address 560 Aquidneck Ave				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 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	
				2,200		Common		No par	
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 Leon A. Panteleos						Date 9-17-19			
Signature of Authorized Representative 									

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

FILED

FORM 630 - Revised: 10/2017

SEP 17 2019
BY SRCPV
A.A.