

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

3. Steen Address Principal Business Office 800 Central Street 4. Business Phone No. 4013312222 5. State of Incorporation RHODE ISLAND 5. State of Incorporation RHODE ISLAND 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS George Tzuridis N/A Street Address 800 Central Street Street Address 800 Central Street Street Address Street Addr	141213	2. Name of Corporation INC. Section 1987 19				
4013312222 RHODE ISLAND 6. Birdy Lescription of the Character of Business Conducted in Bloode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name George Tzuridis 1. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Recorded Plants 1. State 2. State 2. State 2. State 3. State 4. Stat	800 Central Street	istness Office				Zip
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Cection Name Seconge Tzuridis Free daddress 800 Central Street Ty North Smithfield Ri O2896 City State Triantafilos Tsouras Same Same Same Free Address Same Free Address Same	4013312222		RHODE ISI	ration	Į RI	02896
Second Street Street Address			cted in Rhode Island		- Assaultana - In their annin 1900 - In	
Street Address Same Street Address St	George I zuridis		ti in in the test set of the first stage.	• and the state of	SPACES BEFORE USING	3 ATTACHMENTS
North Smithfield State City State Zip State Zip City State Zip NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS NAME City State Zip NAME City State Zip City State Zip NAME City City Zip NAME City City Zip NAME City City City NAME City City Cit	800 Central Street					
Maria Tzuridis Treiantafilos Tsouras Triantafilos Tsouras Steet Address Same Steet Address Same State Ztp City State Ztp NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name N/A N/A Street Address Stree	North Smithfield			City	State	Zip
Street Address Same Street Address Same Street Address Same Director Name N/A Street Address State Zip City State Zip Piector Name N/A Street Address State Zip City State Zip State Zip City City State Zip City City State Zip City State Zip City City State Zip City City City State Zip City City City City State Zip City	Maria Tzuridis					
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Filt Filt Filt Filt Filt Filt Filt	Same			Street Address		
N/A Street Address Street Address State Zip City State Director Name N/A Director Name N/A Street Address State Zip City State Zip City State Zip Stat			-	City		Zip
State Zip City State Zip State Zip City State Zip State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)	<u> </u>		dia dellega (1995)	N/A	N SPACES BEFORE USIN	U
Per Address State Zip City State Zip	y	State	Ζip	City	State	
State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT IN TAKENT ISSUED ("X	N/A			•		ं देव
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) TO. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES THIS SECTION MUST BE COMPLETED Mober of Shares Class/Series Par Value Number of Shares Class/Series Par Value 200 COMMON \$0.01				Street Address		
THORIZED SHARES THORIZED SHARES THORIZED SHARES TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED" TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES ISSUED ("X" BOX FOR ATTACHMENED TO SUPPORT SHARES THIS SECTION MUST BE COMPLETED TO SHARES THE SHARES THIS SECTION MUST BE COMPLETED TO SHARES THE S		- }] -	City	State	Zip (7)
200 \$0.01 PAR VALUE 200 COMMON \$0.01		("X" BOX FOR A	TTACHMENT)	10. SHARES ISSUED	("X" BOX FOR ATTACH	
200 COMMON \$0.01	THORIZED SHARES		Par Value			Par Value
	THORIZED SHARES The shares					rur vane
s 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	THORIZED SHARES mber of Shares			200	COMMON	\$0.01

By:_ By	4/25
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare and affincluding any accompanying schedules an option of the property are true and correct.	irm that I have examined this report, d statements, and that all statements
Signature	2/20/0g
GEORGE TZURIDIS Print or Type Name	
PRESIDENT	_
Title	

Form 630 Rev. 12/06