



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2008

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 law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 7109		2. Name of Corporation S.P.A. Co., Inc.		
3. Street Address Principal Business Office 268 Thayer St.		City Providence	State RI	Zip 02906
4. Business Phone No. 401-331-7879		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island Restaurant				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Andrew Mitrelis		Vice President Name Nicholas Makris		
Street Address 110 Church Hill Dr.		Street Address 5 Fairfield Rd.		
City Cranston	State RI	Zip 02920	City Barrington	State RI
Secretary Name Diane Mitrelis		Treasurer Name Nicholas Makris		
Street Address 110 Church Hill Dr.		Street Address 5 Fairfield Rd.		
City Cranston	State RI	Zip 02920	City Barrington	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Andrew Mitrelis		Director Name Diane Mitrelis		
Street Address Same As Above		Street Address Same as Above		
City	State	Zip	City	State
Director Name Nicholas Makris		Director Name		
Street Address Same As Above		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 500		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 150.00	Class/Series CNP	Par Value 0

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.

FILED
DEC 02 2008
BY 9/27/09

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature Nicholas Makris Date 12-02-08
Print or Type Name
Vice President
Title