



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 2011

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(ccd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 141033		2. Name of Corporation Famous Lefas Pizza, Inc.			
3. Street Address Principal Business Office 1738 Main Street			City West Warwick	State Rhode Island	Zip 02893
4. Business Phone No. (401) 828-6994		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To operate, maintain and carry on a restaurant business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elias D. Lefas			Vice President Name Elias D. Lefas		
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive		
City Braintree	State Massachusetts	Zip 02184	City Braintree	State Massachusetts	Zip 02184
Secretary Name Elias D. Lefas			Treasurer Name Elias D. Lefas		
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive		
City Braintree	State Massachusetts	Zip 02184	City Braintree	State Massachusetts	Zip 02184
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Elias D. Lefas			Director Name		
Street Address 59 Canavan Drive			Street Address		
City Braintree	State Massachusetts	Zip 02184	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 100	Class/Series Common	Par Value No Par Value

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.

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

FILED

FEB 25 2011

By

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

Elias D. Lefas

Print or Type Name

President

Title

Date