

A. Ralph Mollis, Secretary of State Corporations Division 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.

2011

* In accordance with R.I.G.L. 7-1 subject to a penalty fee of \$25.00.	2-1501(e), each corporation fa	tiling or refusing to file its ann	ual report within thirty (30) days a	fter the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 141033	2. Name of Corporation Famous Lefas P					
3. Street Address Principal Busines 1738 Main Street	s Office	West Warwick Sta		State Rhode Island	^{Zip} 02893	
4. Business Phone No. 5. State of Incorporation (401) 828-6994 Rhode Island						
6. Brief Description of the Characte To operate, maintain and						
7. NAMES AND ADDRESSI	ES OF THE OFFICERS:	("X" BOX FOR ATTA		CES BEFORE USING AT	TTACHMENTS	
President Name			Vice President Name Elias D. Lefas			
Elias D. Lefas						
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive			
City Braintree	State Massachusetts	^{Ζφ} 02184	Braintree	Massachusetts	^{Ζφ} 02184	
Secretary Name Elias D. Lefas		Treasurer Name Elias D. Lefas				
Street Address 59 Canavan Drive		59 Canavan Drive				
City Braintree	State Massachusetts	^{Zip} 02184	City Braintree	State Massachusetts	02 5 4 PR TO	
8. NAMES AND ADDRESSI Director Name Elias D. Lefas	ES OF THE DIRECTOR	S: ("X" BOX FOR ATT	TACHMENT) FILL IN S	PACES BEFORE USING	ATTAC SENTS	
Street Address 59 Canavan Drive			Street Address			
City	State Massachusetts	Zip 02184	City	State	Zip 25	
Braintree Massachusetts 02184 Director Name		Director Name				
Street Address		Street Address				
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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.			Number of Shares	Class/Series	Par Value	
			100	Common	No Par Value	
			2.41			
This report must be execute this report must be execute	ed on behalf of the corp d on behalf of the corp	oration by the receiver	_	poration is in the hands o	of a receiver or trustee,	
		cii E	U			

	FILED FEB 25,2011	Under penalty of perjury, I declare and including any accompanying schedules	affirm that I have examined this report,
File Date	By By	contained herein are true and correct. Signature	2-18-2011 Date
Check No.	138496	Elias D. Lefas Print or Type Name	
By: FOR SECRETARY OF STATE USE ONLY		President Tule	Form 630 Pey 08/08