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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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
4844	CORFU, INC.

3. Street Address Principal Business Office	City	State	Zip
6913 POST ROAD	NORTH KINGSTOWN	RI	02852

4. Business Phone No.	5. State of Incorporation
401-885-0453	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
RESTAURANT BUSINESS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
NIKIFOROS REVIS	CHRISTOS REVIS
Street Address: 388 NEWCOMB ROAD	Street Address: 6921 POST ROAD
City: NORTH KINGSTOWN, State: RI, Zip: 02852	City: NORTH KINGSTOWN, State: RI, Zip: 02852
Secretary Name: CHRISTOS REVIS	Treasurer Name: FRANCESCA REVIS
Street Address: 6921 POST ROAD	Street Address: 6913 POST ROAD
City: NORTH KINGSTOWN, State: RI, Zip: 02852	City: NORTH KINGSTOWN, State: RI, Zip: 02852

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
NONE	
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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.

[redacted]

FILED
File Date
Check No. APR 13 2011
By BY 9340 + 9348
FOR SECRETARY OF STATE USE ONLY
61438-6-609897

[redacted]

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 3/31/11
Date

CHRISTOS REVIS
Print or Type Name

[redacted]

SECRETARY
Title

Form 630 Rev. 08/08

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