

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 2012

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)) 1					
1. Corporate ID No. 12436	2. Name of Corporation GREEK ISLAND, INC.				
3. Street Address Principal Business Office 109 Newport Avenue			Pawtucket	State RI	<sup>Zip</sup> 02861
4. Business Phone No. 5. State of Incorporation RHODE ISLANE					-
6. Brief Description of the Character FOR THE GENERAL RES	ALE OF FOOD AND	LIQUOR IN THE RES			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	"X" BOX FOR ATTA		ACES BEFORE USING	ATTACHMENTS
President Name George Foussekis			Vice President Name		
Street Address			George Foussekis		
109 Newport Avenue			Street Address 109 Newport Avenue		
Pawtucket	RI	<sup><i>Zip</i></sup> 02861	City Pawtucket	State RI	<sup>2ip</sup> 02861
George Foussekis			Treasurer Name George Foussekis		
Street Address 109 Newport Avenue			Street Address 109 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	<sup>Zip</sup> 02861
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN S	SPACES BEFORE USING	G ATTACHMENTS
Director Name George Foussekis			Director Name		
Street Address			Street Address		
109 Newport Avenue					
City	State	Zip	City	State	Zip
Pawtucket  Director Name	JRI	]02861	4 4 4 4 7 Dinaman Mana	l	
Director Harne			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			: 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value
100 NO PAR VALUE			100	Common	No Par Value
This report must be executed	on behalf of the corp	poration by an authorize		poration is in the hands	of a receiver or trustee,
this report must be executed	on behalf of the corp	oration by the receiver	or trustee.		
FIL	Eυ		Under penalty of per	jury, I declare and affirm the	nat I have examined this report
FEB 15	2012		contained herein are	true and correct.	tements, and that all statement
File Date	10		Kenze	Tousets	1-25-12
Check No. 11	5 <del>4</del> 4		Signature 🕖		Date
Ву:			Print or Type Name		
FOR SECRETARY OF ST.	ATE HER ONE V		PRESIDE	<b>NT</b>	
TOR SECRETARI OF SI	ALE USE ONE!		Title	<u>,</u>	Form 630 Rev. 12/06