



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 02904-2611
401.222.304

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

1. Corporate ID No. 101022	2. Name of Corporation G & P Food Services, Inc.
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3. Street Address Principal Business Office 606 RESERVOIR AVENUE	City CRANSTON	State RI	Zip 02910
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4. Business Phone No. (401) 467-8210	5. State of Incorporation RHODE ISLAND
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6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE DISPENSING OF ALCOHOLIC BEVERAGES AND FOOD, OPERATING AS A BAR AND RESTAURANT.

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

President Name MICHAEL GIOURAS	Vice President Name MICHAEL GIOURAS
Street Address 266 SCITUATE AVENUE, APT. A1	Street Address 266 SCITUATE AVENUE, APT. A1
City CRANSTON	City CRANSTON
State RI	State RI
Zip 02921	Zip 02921

Secretary Name MICHAEL GIOURAS	Treasurer Name MICHAEL GIOURAS
Street Address 266 SCITUATE AVENUE, APT. A1	Street Address 266 SCITUATE AVENUE, APT. A1
City CRANSTON	City CRANSTON
State RI	State RI
Zip 02921	Zip 02921

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

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

FILED

FEB 22 2012

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

By: MGC
CR # 1633

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: [Signature] Date: 2/10/2012

MICHAEL GIOURAS

Print or Type Name

PRESIDENT

Title