



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 94969		2. Exact name of the Corporation NICHOLAS PASYANOS LTD.		
3. Principal office address 2 TONI LYNN TERRACE		City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. 401-847-1958		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island PHOTOGRAPHY + FILM PRODUCTION				
President Name NICHOLAS P. PASYANOS		Vice-President Name SAME		
Street Address 2 TONI LYNN TERRACE		Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State
Secretary Name SAME		Treasurer Name SAME		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name SAME AS ABOVE		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		NONE		

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
 File Date: FEB 22 2012
 Check No: _____
 By: mmc
CU # 4131
 FOR SECRETARY OF STATE USE ONLY

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 of Authorized Representative: [Signature]
 Date: 19 FEB 12
 Print or Type Name of Authorized Representative: NICHOLAS P. PASYANOS