



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.

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|--|--------------------|--|-------------------------|---------------------|
| 1. Entity ID No. 136717 | | 2. Exact name of the Corporation 182 ANGELL, INC | | |
| 3. Principal office address 242 Meeting St, LL | | City PROVIDENCE | State RI | Zip 02906 |
| 4. Business Phone No. 401-454-4141 | | 5. State of Incorporation RI | | |
| 6. Brief description of the character of business conducted in Rhode Island RESTAURANT | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name ANDREW MITRELIS | | Vice-President Name NATALIA FOUSSEKIS-MACHOWSKI | | |
| Street Address 120 CHURCH HILL DR | | Street Address CHURCH HILL DR | | |
| City CRANSTON | State RI | Zip 02920 | City CRANSTON | State RI |
| Secretary Name ANDREW MITRELIS | | Treasurer Name THEODOSSIS SPYRIDIS | | |
| Street Address 120 CHURCH HILL DR | | Street Address SUMMIT AVE | | |
| City CRANSTON | State RI | Zip 02920 | City CRANSTON | State RI |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name | | 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. | | | | |
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FILED

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.

File Date **FEB 23 2012**

Check No. **1548**

By: _____

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.

Andrew Mitrelis 2-22-12
 Signature of Authorized Representative Date

ANDREW MITRELIS, PRESIDENT
 Print or Type Name of Authorized Representative

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