



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. 141033		2. Exact name of the Corporation Famous Lefas Pizza, Inc.			
3. Principal office address 1738 Main Street			City West Warwick	State RI	Zip 02893
4. Business Phone No. (401) 828-6994		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To operate, maintain and carry on a restaurant business.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Elias D. Lefas			Vice-President Name Elias D. Lefas		
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive		
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184
Secretary Name Elias D. Lefas			Treasurer Name Elias D. Lefas		
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive		
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Elias D. Lefas			Director Name		
Street Address 59 Canavan Drive			Street Address		
City Braintree	State MA	Zip 02184	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
100		Common		No Par Value	

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 CORPORATIONS DIV
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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: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY
 BY: 1104505

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.

Elias D. Lefas 2-10-2012
 Signature of Authorized Representative Date

Elias D. Lefas, President
 Print or Type Name of Authorized Representative