



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 **2013**

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. 73738		2. Exact name of the Corporation Town Pizza of Exeter, Inc.					
3. Principal office address 319 Narragansett Parkway			City Warwick	State RI	Zip 02888		
4. Business Phone No.			5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island To Sell Pizza and other affiliated Food Goods							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Stavros Hantzopoulos			Vice-President Name Helen Hantzopoulos				
Street Address 319 Narragansett Parkway			Street Address 319 Narragansett Parkway				
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888		
Secretary Name Stavros Hantzopoulos			Treasurer Name Helen Hantzopoulos				
Street Address 319 Narragansett Parkway			Street Address 319 Narragansett Parkway				
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Stavros Hantzopoulos			Director Name				
Street Address 319 Narragansett Parkway			Street Address				
City Warwick	State RI	Zip 02888	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		
			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 _____

JAN 24 2013

Check No _____

By: _____

By: *SMC*

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.

Stavros Hantzopoulos
 Signature of Authorized Representative

1-19-13
 Date

FOR SECRETARY OF STATE USE ONLY

Stavros Hantzopoulos

Print or Type Name of Authorized Representative

Ch # 2186