



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. 102816		2. Exact name of the Corporation TIMMY'S RESTAURANT, INC.					
3. Principal office address 644 WEST SHORE ROAD				City WARWICK		State RI	Zip 02889
4. Business Phone No. 401-732-4086				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RETAIL SALE OF FOOD AND BEVERAGES							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name CONSTANTINE PANTELEAKIS				Vice-President Name CONSTANTINE PANTELEAKIS			
Street Address 467 ROBIN HOLLOW ROAD				Street Address 467 ROBIN HOLLOW ROAD			
City WEST GREENWICH		State RI	Zip 02816		City WEST GREENWICH		Zip 02816
Secretary Name CONSTANTINE PANTELEAKIS				Treasurer Name CONSTANTINE PANTELEAKIS			
Street Address 467 ROBIN HOLLOW ROAD				Street Address 467 ROBIN HOLLOW ROAD			
City WEST GREENWICH		State RI	Zip 02816		City WEST GREENWICH		Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name NONE				Director Name NONE			
Street Address				Street Address			
City		State	Zip		City		Zip
Director Name NONE				Director Name NONE			
Street Address				Street Address			
City		State	Zip		City		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
				500	COMMON		NO PAR

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

FILED

MAR 21 2013

BY 10606

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 _____ Date **03/15/2013**

CONSTANTINE PANTELEAKIS

Print or Type Name of Authorized Representative