



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 2014

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. 000622502		2. Exact name of the Corporation AVA KEROLOS, INC.			
3. Principal office address 1022 SOUTH BROADWAY			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 401.431.0000			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island PIZZERIA, RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name GEORGE YANNA			Vice-President Name EHAB DAWOOD		
Street Address 72 CROSS STREET APARTMENT #3			Street Address 240 SOUTH MAIN STREET		
City WOONSOCKET	State RI	Zip 02895	City ATTLEBORO	State MA	Zip 02703
Secretary Name GEORGE YANNA			Treasurer Name EHAB DAWOOD		
Street Address 72 CROSS STREET APARTMENT #3			Street Address 240 SOUTH MAIN STREET		
City WOONSOCKET	State RI	Zip 02895	City ATTLEBORO	State MA	Zip 02703
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name GEORGE YANNA			Director Name EHAB DAWOOD		
Street Address 72 CROSS STREET APARTMENT #3			Street Address 240 SOUTH MAIN STREET		
City WOONSOCKET	State RI	Zip 02895	City ATTLEBORO	State MA	Zip 02703
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 checked="" 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
			1,000	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
JAN 08 2014
BY 3053

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: George Yanna Date: 12/21/2013
GEORGE YANNA, PRESIDENT
 Print or Type Name of Authorized Representative