



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. 104522		2. Exact name of the Corporation ACM RESTAURANT INC.			
3. Principal office address 770-772 HOPE STREET		City PROVIDENCE		State RI	Zip 02906
4. Business Phone No. (401) 459-6735		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name ATHANASIOS MELTSAKOS			Vice-President Name NONE		
Street Address 5 PINE AVENUE			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Secretary Name LENA ZAFIRIADES			Treasurer Name LENA ZAFIRIADES		
Street Address 5 PINE AVENUE			Street Address 5 PINE AVENUE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name ATHANASIOS MELTSAKOS			Director Name LENA ZAFIRIADES		
Street Address 5 PINE AVENUE			Street Address 5 PINE AVENUE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			200	COMMON	NO PAR VALUE

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

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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

ATHANASIOS MELTSAKOS, PRESIDENT

Print or Type Name of Authorized Representative