



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. 20832		2. Exact name of the Corporation Right Spot Restaurant, Inc.			
3. Principal office address 200 South Bend Street		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. 4017268910		5. State of Incorporation RI			
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 Stergios Tsimikas			Vice-President Name Julia Tsimikas		
Street Address 200 South Bend Street			Street Address 200 South Bend Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Julia Tsimikas			Treasurer Name Stergios Tsimikas		
Street Address 200 South Bend St.			Street Address 200 South Bend St.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Stergios Tsimikas			Director Name Julia Tsimikas		
Street Address SAME			Street Address SAME		
City	State	Zip	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) ☐		
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	CNP	0

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 07 2014

BY 3788

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.

Stergios Tsimikas
Signature of Authorized Representative

03/01/2014

Date

Stergios Tsimikas

Print or Type Name of Authorized Representative