



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 2015

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. 9819		2. Exact name of the Corporation MEL'S LUNCH, INC.			
3. Principal office address 25 BROADWAY			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-849-6420			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island FOOD DISPENSING AND RESTAURANT OPERATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEVE JAMES MELLEKAS			Vice-President Name GREGORY MELLEKAS		
Street Address 8 ALMY COURT			Street Address 26 DIVISION STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name GREGORY MELLEKAS			Treasurer Name STEVE JAMES MELLEKAS		
Street Address 26 DIVISION STREET			Street Address 26 DIVISION STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name STEVE JAMES MELLEKAS			Director Name GREGORY MELLEKAS		
Street Address 8 ALMY COURT			Street Address 26 DIVISION STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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) <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
			400	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 23 2015
 33012

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.

DMJ Mellekas 1/15/2015
 Signature of Authorized Representative Date

Steve J Mellekas
 Print or Type Name of Authorized Representative