



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. 44896		2. Exact name of the Corporation CRETE PIZZA, INC.			
3. Principal office address 21 FENWAY AVENUE		City NORTH PROVIDENCE		State RI	Zip 02911
4. Business Phone No. 401-233-2948		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PIZZA RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name GEORGE NIKOLOUDAKIS			Vice-President Name ELENI NIKOLOUDAKIS		
Street Address 21 FENWAY AVENUE			Street Address 21 FENWAY AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
Secretary Name GEORGE NIKOLOUDAKIS			Treasurer Name GEORGE NIKOLOUDAKIS		
Street Address 21 FENWAY AVENUE			Street Address 21 FENWAY AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name GEORGE NIKOLOUDAKIS			Director Name		
Street Address 21 FENWAY AVENUE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	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	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
MAR 02 2015

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.

George Nikoloudakis 2/3/15
Signature of Authorized Representative Date

GEORGE NIKOLOUDAKIS, PRESIDENT

Print or Type Name of Authorized Representative