



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 2016

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. 797372		2. Exact name of the Corporation Olga's Famous Pizza, Inc.			
3. Principal office address 335 Waterman Avenue			City Smithfield	State RI	Zip 02905
4. Business Phone No. (401)		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To operate, maintain and carry on a restaurant business					
President Name Elias D. Lefas			Vice-President Name Elias D. Lefas		
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive		
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184
Secretary Name Elias D. Lefas			Treasurer Name Elias D. Lefas		
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive		
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184
Director Name Elias D. Lefas			Director Name		
Street Address 59 Canavan Drive			Street Address		
City Braintree	State MA	Zip 02184	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	\$0.01 Par Value

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

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.

Elias D. Lefas
 Signature of Authorized Representative Date **2-11-16**

Elias D. Lefas, President
 Print or Type Name of Authorized Representative

FILED

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By R 267574