



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. <u>794864</u> <u>44-2722-01</u>		2. Exact name of the Corporation <u>Socrates Pizza inc</u>	
3. Principal office address <u>7610 Post rd</u>		City <u>N. Kingstown</u>	State <u>RI</u>
4. Business Phone No. <u>401-667-0250</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Pizza Parlor</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Socrates Mandes</u>		Vice-President Name	
Street Address <u>4 Friar tuck lane</u>		Street Address	
City <u>Coventry</u>	State <u>RI</u>	City <u>X</u>	State <u>X</u>
Zip <u>02816</u>		Zip <u>X</u>	
Secretary Name		Treasurer Name	
Street Address <u>X</u>		Street Address	
City <u>X</u>	State <u>X</u>	City <u>X</u>	State <u>X</u>
Zip <u>X</u>		Zip <u>X</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City <u>X</u>	State <u>X</u>	City <u>X</u>	State <u>X</u>
Zip <u>X</u>		Zip <u>X</u>	
Director Name <u>X</u>		Director Name <u>X</u>	
Street Address <u>X</u>		Street Address <u>X</u>	
City <u>X</u>	State <u>X</u>	City <u>X</u>	State <u>X</u>
Zip <u>X</u>		Zip <u>X</u>	
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
		<u>100</u>	<u>- 0 -</u>

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

Form No. 630
Revised: 01/2012

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.

Socrates Mandes

Signature of Authorized Representative

Date

Socrates Mandes 2-16-016

Print or Type Name of Authorized Representative

FILED

FEB 19 2016

BY 2027 DS