



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. 564703		2. Exact name of the Corporation DINARIJAK, INC						
3. Principal office address 1410 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI	Zip 02904				
4. Business Phone No. (401) 354-4420		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name PANAGIS KAPATOS			Vice-President Name PANAGIS KAPATOS					
Street Address 1410 MINERAL SPRING AVENUE			Street Address 1410 MINERAL SPRING AVENUE					
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904			
Secretary Name PANAGIS KAPATOS			Treasurer Name PANAGIS KAPATOS					
Street Address 1410 MINERAL SPRING AVENUE			Street Address 1410 MINERAL SPRING AVENUE					
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name			Director Name					
Street Address			Street Address					
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) <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 Instructions and								
						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 By

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.

Signature of Authorized Representative

Date

PANAGIS KAPATOS, PRESIDENT

Print or Type Name of Authorized Representative