

## 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.

1. Entity ID No. 564703		e of the Corporation AK, INC														
Principal office address     1410 MINERAL SPRING	AVENUE		City NORTH PROVID	City State NORTH PROVIDENCE RI												
4. Business Phone No. (401) 354-4420			5. State of Incorporation RHODE ISLAND													
6. Brief description of the charact TO OWN AND OPERATE																
ZUST/ALLOFFICERS (NAME	S AND ADDRE	SSES) ("X" BOX FOR A	ITACHMENT)													
President Name PANAGIS KAPATOS			Vice-President Name PANAGIS KAPA	TOS												
Street Address 1410 MINERAL SPRING	AVENUE		Street Address 1410 MINERAL SPRING AVENUE													
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVID	City State NORTH PROVIDENCE RI												
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 PROVID	Zip 02904												
8. LIST: ALL DIRECTORS (NAM Director Name	ES AND ADDR	ESSES) ("X" BOX FOR	ATTACHMENT) Director Name													
Street Address			Street Address													
Street Address			Street Address													
City	State	Zip	City		State	Zip										
Director Name			Director Name													
Street Address			Street Address			<del>.</del>										
City	State	Zip	City		State	Zip										
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX	I FOR ATTACH	MENT)										
			NUMBER OF SHARES	CLASS/SE	PAR VALUE											
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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.

Date'

Signature of Authorized Representative

**PANAGIS KAPATOS, PRESIDENT** 

Print or Type Name of Authorized Representative