



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. 795854		2. Exact name of the Corporation SAM'S NEW YORK SYSTEM, INC.								
3. Principal office address 6 Freeborne Street			City Warwick	State RI	Zip 02889					
4. Business Phone No. (401) 742-2105			5. State of Incorporation Rhode Island							
6. Brief description of the character of business conducted in Rhode Island FOOD AND BEVERAGE SALES										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Peter Xiarhos			Vice-President Name George S. Xiarhos							
Street Address 6 Freeborne Street			Street Address 6 Freeborne Street							
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889					
Secretary Name Peter Xiarhos			Treasurer Name George S. Xiarhos							
Street Address 6 Freeborne Street			Street Address 6 Freeborne Street							
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889					
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 Instruction sheet.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						200	Common	No Par		

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 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.

File Date _____
 Check No _____
 By: _____

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] 3/7/16
 Signature of Authorized Representative Date

Peter Xiarhos, President

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY **FILED**

Form No. 630
 Revised: 01/2012

MAR 30 2016

By *[Signature]* 271240