

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

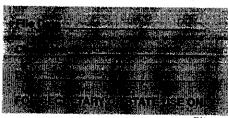
148 W. River Street, Providence, Rhode Island 02904-2615

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 · F	AILURE TO F	ILE THIS REPORT BY	MARCH 31 WILL RES	SULT IN A \$25.00 PEN	ALTY FFF
1. Entity ID No. 117334	1000				
3. Principal office address 617 PUTNAM PIKE			City CHEPACHET	State RI	Zip 02814
4. Business Phone No. 568-3336			5. State of Incorporation RHODE ISLAND		
6. Brief description of the char- TO ENGAGE IN THE R	acter of busines ESTAURAN	s conducted in Rhode Islan IT BUSINESS	d		
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President Name PANAGIOTA ARSENIADIS			Vice-President Name PANAGIOA ARSENIADIS		
Street Address 615 PUTNAM PIKE			Street Address 615 PUTNAM PIKE		
CITY CHEPACHET	State RI	Zip 02814	CHEPACHET State		Zip 02814
Secretary Name PANAGIOTA ARSENIADIS			Treasurer Name PANAGIOTA ARSENIADIS		
Street Address 615 PUTNAM PIKE			Street Address 615 PUTNAM PIKE		
CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
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Director Name PANAGIOTA ARSENIA	DIS		Director Name		The second se
Street Address 615 PUTNAM PIKE			Street Address		
CITY CHEPACHET	State RI	Zip 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
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his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.		300	COMMON	NO PAR VALUE	
This report must be executed o	n behalf of the o	corporation by an authorize at be executed on behalf of	d representative. If the control the corporation by the re	orporation is in the hands seceiver or trustee.	of a receiver or trustee,



FILED DUL 1 8 2016 4318 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

PANÁGIOTA ARSENIADIS

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012