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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.	2. Exact name of the Corporation		
117334	AGOIS, INC.		
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 character of business conducted in Rhode Island: TO ENGAGE IN THE RESTAURANT BUSINESS			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) "X" BOX FOR ATTACHMENT ☐

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	City: CHEPACHET	State: RI	Zip: 02814
Secretary Name: PANAGIOTA ARSENIADIS			Treasurer Name: PANAGIOTA ARSENIADIS		
Street Address: 615 PUTNAM PIKE			Street Address: 615 PUTNAM PIKE		
City: CHEPACHET	State: RI	Zip: 02814	City: CHEPACHET	State: RI	Zip: 02814

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) "X" BOX FOR ATTACHMENT ☐

Director Name: PANAGIOTA ARSENIADIS			Director Name:		
Street Address: 615 PUTNAM PIKE			Street Address:		
City: CHEPACHET	State: RI	Zip: 02814	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) ☐		
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
	300	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.

[redacted]
FOR SECRETARY OF STATE USE ONLY

FILED
JUL 18 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.

Panagiota Arseniadis 4/21/16
Signature of Authorized Representative — Date

PANAGIOTA ARSENIADIS
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
129930-4-1141417