RI SOS Filing Number: 201603109570 Date: 08/02/2016 4:00 PM

2016 AUG -2 AM 11:33

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation			
5937	Fidas Restaurant, Inc.			
3. Principal Office Address		City	State	Zip
270 Valley Street		Providence	RI	02909
4. Business Phone Number		5. State of Incorporation		
401-351-9369		Rhode Island		

6. Brief description of the character of business conducted in Rhode Island
Restaurant Business

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	James Fidas		Vice-President Name	Paraskevas Fidas	
Street Address	270 Valley Street		Street Address	270 Valley Street	
City	Providence	State RI Zip 02909	City	Providence	State RI Zip 02909
Secretary Name	Olga Fidas Denton		Treasurer Name	James Fidas	
Street Address	270 Valley Street		Street Address	270 Valley Street	
City	Providence	State RI Zip 02909	City	Providence	State RI Zip 02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	James Fidas		Director Name		
Street Address	270 Valley Street		Street Address		
City		State Zip	City		State Zip

9. Shares Authorized	10. Shares Issued — Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	Common	No Par Value

11. 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.
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.

Name of Authorized Representative	Date
James Fidas	8-2-16

Signature of Authorized Representative
James Fidas SIGN DOCUMENT HERE

FILED
AUG 02 2016 STATE
By 286451

Form No. 630
140483-1-1142400
Revised: 2016