

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

iling	Period:	January	1-March 1	•	Filing Fee: \$50.00	
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FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

<sup>2</sup>SILVER°LAKE PIZZA, INC.

3. Street Address Principal Business (	ffice		City	State	Zip
184 Pocasset  4. Business Phone No.	Avenue	<sup>5</sup> ŘÍHODE ISLÁND	Providence	RI	ورور (02909 <b>3079</b>
(401) $942-11117. Brief Description of the Character ($	of Business Conducted in Rho	de Island			33.3
Pizza Restaurant 8. NAMES AND ADDRESS President Name	ES OF THE OFFICER	RS ("X" BOX FOR ATTACHN	MENT) Vice President Name		
Andronikos Fidas			Andronikos Fida	S	
184 Pocasset Ave	nue State	Zip	184 Pocasset Ave	enuę <sub>ate</sub>	Zip
Providence Secretary Name	RI	02909	Providence Treasurer Name	RI	02909
Andronikos Fidas Street Address 184 Pocasset Ave	2110		Andronikos Fidas Street Address 184 Pocasset Ave		
- <del>-</del> -		<b>7</b>			<b>7</b> 1.
Providence	State RI	<sup>Zip</sup> 02909	Providence	State RI	<sup>Zip</sup> 02909
9. NAMES AND ADDRESS	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT)		
Director Name			Director Name	•	
Andronikos Fidas					
Street Address			Street Address		
184 Pocasset Aver	nue				
City	State	Zip	City	State	Zip
Providence	RI	02909			
Director Name			Director Name		
treet Address			Street Address		
Dity	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHM	MENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE					
			100	Common	No par value
			100	COMMOT	NO par var

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	5-5-98	
Check No.:	4225	
By:	AMF	
,	OF STATE USE ONLY	

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.



Andronikos Fidas Print or Type Name of Officer

President Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

#### AMENDED

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

11444

Silver Lake Pizza, Inc.

3. Street Address Principal Business Office

(401) 942-1111

State

180A Pocasset Avenue

5. State of Incorporation

02909 6. SIC Code

4. Business Phone No.

Rhode Island

7. Brief Description of the Character of Business Conducted in Rhode Island

#### 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

Providence

Andronikos Fidas

Street Address

Andronikos Fidas

Street Address

Treasurer Name

180A Pocasset Avenue

180A Pocasset Avenue

Andronikos Fidas

RI

Providence

RΙ

02909

Providence

RΤ

02909

Secretary Name

Andronikos Fidas

Barbara A. Fidas

180A Pocasset Avenue

Street Address

City

City

180A Pocasset Avenue

State

180A Pocasset Avenue City

State

Providence

RI

02909

Providence

RΙ

02909

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Street Address

Director Name

Andronikos Fidas Street Address

180A Pocasset Avenue

Zip

City

City

Providence

RΙ

02909

Providence

RI

02909

Director Name

State

Director Name

Street Address

Street Address

City

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

#### 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

Number of Shares 600

Common

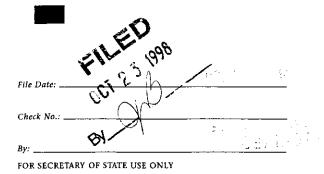
none

100

Common

no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Print or Type Name of Officer

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT	CORPORATION	ANNUAL	REPORT	1997

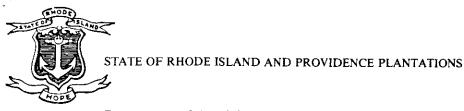
PROFIT CO	RPORATIO	N ANNUAL R Filing Fee: \$50.00	EPORT 1997		STOP: PILASE READ PNSTRUCTION BLIORE
FORM MUST BE TYPED IN  . Corporate ID No.	BLACK) 2. Name of Corpor	ration			COMPLLING THIS TORM
11444 S. Street Address Principal Busi	Silver La	ke Pizza, Inc.	City	State	Zip
L80A Pocasset A Business Phone No.	venue	5. State of Incorporation	Providence	R.I.	02909 6. SIC Code
(401) 942–1111 Brief Description of the Char	acter of Business Conducted	Rhode Island			<i>3</i> 081
<i>P122.A</i> 3. NAMES AND ADDI	. •• •	TANT TICERS ("X" BOX FOR ATTACH	MENT)		
resident Name Athena O. F	idas		Vice President Name Alexandra M.	Fidas	
treet Address 180A Pocass	et Avenue		Street Address 180A Pocasse	et Avenue	
Providence	State RI	02 <b>9</b> 09	Providence	State RI	02909
ecretary Name Androniki F	idas		Treasurer Name Barbara A. F	idas	
180A Pocass	et Avenue		Street Address 180A Pocasse	et Avenue	
Providence	State RI	02909	<sup>City</sup> Providence	State RI	02 <b>9</b> 09
. NAMES AND ADDR irector Name Barbara A.		ECTORS ("X" BOX FOR ATTAC	CHMENT) Director Name Athena O. Fi	dog	
reet Address 180A Pocass			Street Address 180A Pocasse	-	
Providence	State RI	02909	Providence	State RI	02909
irector Name			Director Name		
reet Address			Street Address		
ity	State	Zip	City	State	Zip
D. SHARES AUTHORI JTHORIZED SHARES	ZED AND ISSUED (	"X" BOX FOR ATTACHMENT)	ISSUED SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	none	100	Common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	12/10	
File Date:	1/3/1/4/	
Check No.:	3139	
3 <i>y</i> :	001	
OR SECRETARY	OF STATE USE ONLY	_

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.

athena Ottobar	2/27/97	
Signature of Officer	Date	
A :		



Department of Administration **DIVISION OF TAXATION** One Capitol Hill Providence, RI 02908-5800

FAX (401) 277-6006

January 13, 1997

TO WHOM IT MAY CONCERN:

SILVER LAKE PIZZA INC. Re:

from our records that the abovenamed appears corporation has filed all of the required Business Corporation Tax Returns due to be filed and paid all taxes indicated thereon and is in good standing with this Division as of this date regarding any liability under the Rhode Island Business Corporation Tax Law.

This letter is issued pursuant to the request of the abovenamed corporation for the purpose of:

REINSTATING REVOKED CORPORATE CHARTER

Very truly yours,

R. Gary Clark

Tax Administrator

Ernest A. DeAngelis Chief Revenue Agent

Corporations

16. Kd 02 1 alate ac matamoas MEDEINED

### PROFIT CORPORATION ANNUAL REPORT Tiling Period: January 1--March 1 Tiling Fee: \$50.00

File Date:

Check No:

1996



### State of Rhode Island and Providence Plantation James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-30

I. CORPORATE ID NO.	ORATE ID NO. 2. NAME OF CORPORATION TELESCRIPT IN BLACK INK.					
11444 SILVER LAKE PIZZA, INC.						
3. STREET ADDRESS PRINCIPAL BUSINESS	OFFICE		CITY	STATE	ZIP CODE	
298 Pocasset A	venue	5. STATE OF INCORPORATION	Providence	RI	02909	
(401) 942-1111		Rhode Isla	nd	"	6. SIC CODE 30 7-9	
7. BRIEF DESCRIPTION OF THE CHARACTER	OF BUSINESS CONDUCTED IN FI	IODE ISLAND		<del></del>	1 30 / 1	
Pizza restaura						
PRESIDENT NAME	I NAMES		建建设工工作 CEO.ac. v	กับสามาที่สามาที่สามาก	anna Naist San Agus Maria a an an an an an an an	
Andronikos Fid	las		vice president name Andronikos Fi			
TREET ADDRESS 298 Pocasset A			STREET ADDRESS 298 Pocasset	Avenue		
Providence	STATE	C2909	Providence	STATE RI	ziP cnos 02909	
ECRETARY NAME Andronikos Fid	-		TREASURER NAME Andronikos Fi	Ldas	· · · · · · · · · · · · · · · · · · ·	
TREET ADDRESS 298 Pocasset A			street address 298 Pocasset	Avenue		
Providence	STATE RI	02909	Providence	STATE RT	72P CODE 02909	
IRECTOR NAME	FARTECH 4	AND STREET	<b>基种</b> 的现在分词形式。	(1) 12 Ending 15 L		
Andronikos Fid			DIFFECTOR RAME			
TREET ADDRESS 298 Pocasset A	venue		STREET ADDRESS			
Providence	STATE RI	<sup>ZIP CODE</sup> 02909	спү	STATE	ZIP COOE	
IRECTOR NAME			DIRECTOR NAME			
TREET ADDRESS		<del></del>	STREET ADDRESS	*		
ΠY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
の大学のなどの機能は		<b>网络</b>	THEFT OF A	. 4.	The second secon	
NUMBER OF SHARES	AUTHORIZED SHARES			ISSUED SHARES		
	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
600	Common	No Par Value	100	Common	No Par Value	
	····				<u> </u>	
-·						
	Th	is report must be \$1	GNED IN INK by either	4b a		

This report me	ust t	oe <b>SIG</b>	NED IN INK by either the ant Secretary, Treasurer, Receiver or Trustee
President, Vice President, Secret	ary,	Assista	
76. Hd es 1	ζ	83 J	Under penalty of perjury, I declare and affile this report, including any accompanying solutions

nee. ob . d . d a aconervat de a geoelker geoelke

Under penalty of perjury, I declare and affirm that I have examin
this report, including any accompanying schedules and statemen
and that all statements contained herein are true and correct.
Andimas F'Ca.

Signature of Officer Andronikos Fidas Print or Type Name of Officer

Procident

g Fee \$50.00 ble to: clary of State

porate ID: \_\_

11444

#### PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

1995

### State of Rhode Island and Providence Plantations

Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

porate ID: 11444	Annual Report for the year: 1995
ne of Business Entity: SILVER LAKE PIZZA, INC.	
iness entity organized under the laws of the State of: R.I.	Business Entity is (check one):
eral Taxpayer Identification Number:	1x ] Business Corporation (See RIGL Chapter 7-1.1)
foreign entity, address and telephone number of principal office:	[ ] Professional Service Corporation (See RIGL Chapter 7-5.]) [ ] Limited Liability Company (See RIGL 7-16)
Not applicable	Name, title and mailing address of contact person to whom
	communications may be directed: Attorney George A. Pliakas
	170 Westminster Street, Suite 700
one: ()	Providence, Rhode Island 02903
dress and telephone of the principal office of business entity in Rhode and (Provide street address - Not P.O. Box):	
298 Pocasset Avenue	Brief statement of the character of business conducted in Rhode Island: Pizza restaurant
Providence, Rhode Island 02909	
	Date of Organization: June 26, 1981
one: (401 ) 942-1111	Date of Qualification to do business in Rhode Island (if foreign entity):  Not applicable
THE WATER OF	
	THE OFFICERS ARE:
Andronikos Fidas, 298 Pocasset Avenue	Providence RT 02900
Andronikos Fidas, 298 Pocasset Avenue	
Andronikos Fidas, 298 Pocasset Avenue	T ADDRESS CITY/STATE ZIP CODE
CHIEF FINANCIAL OFFICER OR TREASURER (Chick One)  STREET	TADDRESS CITY/STATE ZIPCODE
Andronikos Fidas, 298 Pocasset Avenue	. Providence RT Aggna
ME I HE NAMES OF	THE DIRECTORS ARE:
Andronikos Fidas, 298 Pocasset Avenue	, Providence, RI 02909
AME STREET	T ADDRESS CITY/STATE ZIP COD
AME CTOES	T ADDRESS CITYSTATE
JALL	T ADDRESS CITY/STATE ZIP COD
IUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
IUMBER 600	NUMBER 100
CLASS Common	CLASS Common
GERIES	
	SERIES
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR No Par Value
Date May 23, 19 96 By:	Andronicos Fillay
	Andronikos Fidas
	or type name of officer signing  President
	E OF OFFICER SIGNING
SEC'Y OF STATE	
PLEASE NOTE: If the Corporation has changed its projection of	SIDENT AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the Corporation has changed its presistered office and/o	or registered or resident agent. Form 9 or Form LLC 3 must be filed.
31VI Company	ı
SECENKED	,
7038	1

ng Fee \$50.00 able to; retary of State

11444

#### PLEASE TYPE or PRINT

#### State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually LLC: Sept: 1 - Nov. 1 CORP: Jan. 1 - March 1

1994

rporate ID: 11444	Annual Report for the year: 1994
me of Business Entity: SILVER LAKE PIZZA, INC.	
siness entity organized under the laws of the State of: R.I.	Business Entity is (check one):
teral Taxpayer Identification Number:  t foreign entity, address and telephone number of principal office:	[x] Business Corporation (See RIGL Chapter 7-1.1) [ ] Professional Service Corporation (See RIGL Chapter 7-5.1) [ ] Limited Liability Company (See RIGL 7-16)
Not applicable	Name, title and mailing address of contact person to whom communications may be directed: Attorney George A. Pliakas
	170 Westminster Street, Suite 700
ione: ()	Providence, Rhode Island 02903
ddress and telephone of the principal office of business entity in Rhode land (Provide street address - Not P.O. Box):  298 Pocasset Avenue	Brief statement of the character of business conducted in Rhode Island: Pizza restaurant
Providence, Rhode Island 02909	
	Date of Organization: June 26, 1981
hone: ( 401) 942~1111	Date of Qualification to do business in Rhode Island (if foreign entity): Not applicable
THE NAMES OF 1	THE OFFICERS ARE:
Andronikos Fidos 200 D	
Andronikos Fidas, 298 Pocasset Avenue	Providence, RT 02909  CITY/STATE  ZIPCODE
Andronikos Fidas, 298 Pocasset Avenue.  J CUSTODIANOF RECORDS OR ED SECRETARY (Check Onc)  STREET A	Providence, RI 02909 - ZIPCODE ZIPCODE
Andronikos Fidas, 298 Pocasset Avenue	Providence, RI 02909  ADDRESS CITYSTATE ZIPCODE
Andronikos Fidas, 298 Pocasset Avenue,	Providence RI 02909
THE NAMES OF T	HE DIRECTORS ARE:
Andronikos Fidas, 298 Pocasset Avenue,	
NAME STREET	, Providence, RI 02909  ADDRESS CHYSTATE ZIPCODE
NAME STREET	ADDRESS CITY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 600	NUMBER 100
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR NO Par Value	PAR VALUE OR WITHOUT PAR No Par Value
Date <u>May 23, 19 96</u> By:∠	Androninos Fielas
PAID	Andronikos Fidas
FEB 0 5 1997	OR TYPE NAME OF OFFICER SIGNING President OF OFFICER SIGNING
SECY OF STATE	
DESIGNATED REGISTERED OR RES	IDENT ACENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

Filing Fee \$50.00 Payable to: Secretary of State

11444

#### PLEASE TYPE or PRINT

#### State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

Corporate ID: 11444	Annual Report for the year: 1993
Name of Business Entity: SILVER LAKE PIZZA, INC.	
Business entity organized under the laws of the State of: R.I.	Business Entity is (check one):
Federal Taxpayer Identification Number:	<ul> <li>Business Corporation (See RIGL Chapter 7-1.1)</li> <li>Professional Service Corporation (See RIGL Chapter 7-5.1)</li> <li>Limited Liability Company (See RIGL 7-16)</li> </ul>
For foreign entity, address and telephone number of principal office:  Not applicable	Name, title and mailing address of contact person to whom communications may be directed: Atty. George A. Pliakas
	170 Westminster Street, Suite 700
Phone: ( )	Providence, Rhode Island 02903
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  298 Pocasset Avenue	Brief statement of the character of business conducted in Rhode Island: Pizza restaurant
Providence, RI 02920	T 26 1001
Phone: (401) 942-1111	Date of Organization: June 26, 1981  Date of Qualification to do business in Rhode Island (if foreign entity):  Not applicable
THE NAMES OF T	HE OFFICERS ARE:
Andronikos Fidas, 298 Pocasset Avenue,  Chief operating officer on 20 vice president check One)  Street add  Stree	
Andronikos Fidas 298 Pocasset Avenue	DRESS CITYSTATE ZIPCODE
Andronikos Fidas, 298 Pocasset Avenue,  Custodian of Records of \$1 Secretary inhelions STREET AD	Providence, RI 02909  ORESS CITY/STATE ZIPCODE
Andronikos Fidas, 298 Pocasset Avenue,  Chief Financial Officer OR   TREASURER (Check Ow)  STREET AD	Providence, RI 02909  DRESS CITY/STATE ZIPCODE
Andronikos Fidas, 298 Pocasset Avenue,	
NAME STREET AD	DRESS CITY/STATE ZIP CODE
Andronikos Fidas, 298 Pocasset Avenue,	Providence, RI 02909  DEFESS CHY/STATE ZIPCOD
NAME STREET AL	DRESS CITY/STATE ZIP COD
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 600	NUMBER 100
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR No Par Value
Date May 23, 19 96 By: 2	Ambonius Filey
PAID	Andronikos Fidas
FEB Q 5 199/1269 4	TYPE NAME OF OFFICER SIGNING President OFFICER SIGNING
SECTY OF STATE	

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent. Form 9 or Form LLC 3 must be filed.

RECEIVED ON CORPORATION OF STATE

Filing Fee \$50.00 Payable to: Secretary of State

Corporate ID: \_\_11444

#### PLEASE TYPE or PRINT

File Annually LLC; Sept. 1 - Nov. 1 CORP; Jan. 1 - March 1 State of Rhode Island and Providence Plantations Office of The Secretary of State

\_\_ Annual Report for the year: \_\_\_\_1992

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Name of Business Entity: SILVER LAKE PIZZA, INC.	
Business entity organized under the laws of the State of: R. T.	Business Entity is (check one):
Federal Taxpayer Identification Number:	k   Business Corporation (See RIGL Chapter 7-1.1)
For foreign entity, address and telephone number of principal office:	[ ] Professional Service Corporation (See RIGL Chapter 7-5.1) [ ] Limited Liability Company (See RIGL 7-16)
Not applicable	Name, title and mailing address of contact person to whom
	communications may be directed:
	Attorney George A. Pliakas
Phone: ( )	170 Westminster Street, Suite 700
Address and telephone of the principal office of business entity in Rhode	Providence, Rhode Island 02903
Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
298 Pocasset Avenue	Pizza restaurant
Providence, Rhode Island 02909	
	Date of Organization: June 26, 1981
Phone: (401) 942-1111	Date of Qualification to do business in Rhode Island (if foreign entity): Not applicable
THE NAMES OF T	HE OFFICERS ARE:
☐ CHIEF EXECUTIVE OFFICER OR X PRESIDENT (Check One) STREET AD	DRESS CITY/STATE ZIP CODE
Andronikos Fidas, 298 Pocasset Avenue.  CHIEF OPERATING OFFICER OR XI VICE PRESIDENT (Check One)  STREET ADI	Providence RI 02909  DRESS CITYSTATE ZIPCODE
Andronikos Fidas, 298 Pocasset Avenue,  Custodian of records or Describing Check Onc.  STREET AD.	Providence RI 02909  DRESS CITYSTATE ZIPCODI
Andronikos Fidas 298 Poges et Arronno	DRESS CITYSTATE ZIP CODE
Andronikos Fidas, 298 Pocasset Avenue,  CHIEFFINANCIAL OFFICER OR & TREASURER (Chief Obe)  STREET ADI	
Andronikos Fidas, 298 Pocasset Avenue.	Providence, RI 02909
NAME STREET AD	HE DIRECTORS ARE:  ODRESS CITY/STATE ZIP CODI
Andronikos Fidas, 298 Pocasset Avenue,	Providence, RI 02909
SIKEEL AD	DRESS CITY/STATE ZIP COD
NAME STREET AD	DDRESS CITY/STATE ZIP COD
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 600	NUMBER 100
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR	PAR VALUE OR
WITHOUT PAR No Par Value	WITHOUT PAR No Par Value
May 23, 10 96	Ambonius Fielas
Date	Amborius Fulge
PAID	Andronikos Fidas TYPE NAME OF OFFICER SIGNING
FEB 0 5 1997	President  OFFICER SIGNING
Form 31 1.94 SECY OF STATE	
	DENT AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the Corporation this changes its registered office and/or re	
· · · · · · · · · · · · · · · · · · ·	
SEOPETANTE REOFIVED	

#### Filing Fee \$50.00

## State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	11444	••••••	Annual Repo	ort for the year	1991
First: T	he name of the corpo	oration isSIL	VER LAKE PIZZA,	INC.	
Second:	It is incorporated un	nder the laws of	Rhode Island		
THIRD: (	Character of business,	briefly stated, is	Pizza Restaura	nt	
Fourth:	If foreign corporation	on, address of its p	rincipal office		
Fіггн: В	usiness address in Rh	ode Island C/O	George A. Plia	kas,	
1908 Flee	t National Ban	k Building,	Providence, Rh	ode Island	02903.
Sixth: N	James and addresses of Name	of its directors and		(including number, street,	Attach rider if necessary) zip code)
Androniko	s Fidas	Director	298 Pocasset	Ave, Provide	ence, RI 02909
		Director		••••••	
		Director			
Androniko	s Fidas	President	298 Pocasset	Ave, Provide	ence, RI 02909
Androniko	s Fidas	Vice Preside	nt298 Pocasset	Ave, Provide	ence, RI 02909
Androniko	s Fidas	Secretary	298 Pocasset	Ave, Provide	ence, RI 02909
Androniko	s Fidas	Treasurer	298 Pocasset	Ave, Provide	ence, RI 02909
SEVENTH:	Number of Shares a	uthorized:	. <b>.</b>	c sh	Par Value or statement that tares are without
600		Class mmon	Map Sched 10	27 "	par value
000	<u> </u>	iiiiiiO11	SEC. 1991	NO	Par Value
Еібнтн:	Number of Shares iss	ued:	SEC'Y OF STATE	o	Par Value r statement that
No. of Shares		Class	Series	sh	ares are without par value
100	Com	mon		No	Par Value
DatedMarc	ch 6,	(1	SILVER LAKE PI	***************************************	
(Repo	ort must be signed by an o		D	,	

## State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	)11444		An	nual Repo	ort for the	year .1990		
First: The nam	ne of the corporation is	, 	ILVER.	LAKE.F	ZZZA	INC		
Second: It is in	corporated under the law	s of	Rho	de Isl	and			
THIRD: Charact	er of business, briefly stat	ed, is <sup>P</sup>	izza R	estaur	ant		•••••••••••	•••••
Fourth: If fore	ign corporation, address of	of its princi	ipal office	<u>)</u>				
	address in Rhode Island.							
	nd addresses of its directo						rider if necess	
Andronikos Fid	as Direc	tor .	298 Po	casset	Ave.,	Providenc	e, RI C	2909
	Direc	tor	•••••••••••••					
	Direc	tor	************				*************	
Andronikos Fid	Presid	lent .2	298 Poo	casset	Ave.,	Providenc	e, RI	02909
	vice I						17	
Andronikos Fida	Secret	ary			11		<b>t</b> 1	
Andronikos Fida	Treası	ırer		····	11		11	
SEVENTH: Numb	er of Shares authorized:					Par Va or stateme		
No. of Shares	Class		Se	eries		shares are val	without	
600	Common					No par v	alue	
Еіднтн: Numbei	of Shares issued:			PA	ID	Par Va		
No. of Shares	Class		Se	mAPR 1	1 1990	shares are v par val	without	
100	Common		9	EC'Y. OI	FSTATE	No par v	alue	
Dated February 23	19 <u>90</u>	(Name	of Corporation	KE PIZ	ZA, INC			
(Report must be	e signed by an officer)	By.	Presid	<i>ONLLO</i> ent	8			••••

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID1144	4		Annual F	Report for th	ne year 198	9	.,,,,,,,
FIRST: The nam	e of the corporation is SILV	ER LAK	Œ PIZZ	A, INC.	•••••••••••••••••••••••••••••••••••••••	·/···	•••••
Second: It is in	corporated under the laws of	Rhc	ode Isla	and			
THIRD: Characte	er of business, briefly stated, is.	****************	Pizza I	Restaura	nt		
FOURTH: If forei	gn corporation, address of its p	orincipal o	office	•••••••••••••••••••••••••••••••••••••••			
	address in Rhode Island C/						
	nd addresses of its directors and					ider if neces	
Andronikos Fida	s Director	298	Pocasse	t Ave.,	Providence	e, RI	02909
	Director		•••••				
	Director						
Andronikos Fida	s President	298	Pocasse	t Ave.,	Providence	∍, RI	02909
Andronikos Fida	sVice Preside	ent		11	11	<b>F1</b>	## 
Andronikos Fida	Secretary	11		11		11	11
Andronikos Fida	S Treasurer	ff 		t1	11		
SEVENTH: Number	er of Shares authorized:				Par Va or stateme	nt that	
No. of Shares	Class		Series		shares are v par val		
600	Common				No par va	lue	
Eighth: Number	of Shares issued:		P	AID	Par Val or stateme		
No. of Shares	Class		se <b>APR</b>	1 1 1990	shares are v par val	vithout	
100	Common		SEC'Y.	OF STAT	No par va	lue	
Dated February 2	(	Name of Corp	poration)	IZZA, IN	ic.	•••••	
(Report must be			residen		rulle	•••••••••••••••••••••••••••••••••••••••	

Form 31 1/85

To be filed annually between January 1st and March 1st

## State of Rhode Island and Brovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

orporate ID	I a a a	. Annu	Annual Report for the year				
First: The nam	e of the corporation is						
	corporated under the laws o		Rh.	ode. Island			
	er of business, briefly stated,						
	ign corporation, address of i						
	address in Rhode Island						
19.0.8F.leet	NationalBankBldg	Providence	e.,RI0.29	Ω.3			
SIXTH: Names as	nd addresses of its directors Office		Address (includin	(Attac g number, street, zip co	ch rider if necessary) ode)		
Andronikos Fi	dasDirector	29.8Po	cassetAv	eProvid	lence, RI		
	Director	***************************************		***************************************	***************************************		
	Director	***************************************	******************	***************************************			
Andronikos Fi	dasPresiden				lence, RI		
	dasVice Pre						
Andronikos Fi	das Secretary	/	11 11		n		
andronikos Fi	dasTreasure	r <u>"</u>		n	1t		
SEVENTH: Number	er of Shares authorized:			Par	Value		
No. of Shares	Class	Serie		shares a par	ement that are without value		
600	Common	MAR 3 0 1988	JP.a	No Pa	r Value		
EIGHTH: Number	of Shares issued:	AND A SOLET CONTRACTOR		Par or state	Value ment that		
No. of Shares	Class	Serie	SELLED INC.	shares a	re without value		
100	Common	Sec.		No Pa	r Value		
ed March 1,	1988	SILVER LAK		INC.			
		By Amelian	unos	- July	<i>p</i>		
(Report must be	e signed by an officer)	TitlePres	ident				

### State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID11444		•••••	Annual F	Report for the ye	ar 1987
First: The name of	f the corporation	ı isSILV	ER LAKE PIZZA,	INC.	
SECOND: It is incorp	porated under th	ne laws of	Rhode	Island	
THIRD: Character o	f business, briefl	y stated, is	Pizza Resta	ırant	
FOURTH: If foreign	corporation, add	dress of its pr	incipal office		
			George A. 1		
Fleet Nation	al Bank Bu	ilding, E	Providence, 1	Rhode Islan	d 02903
SIXTH: Names and a	addresses of its d	lirectors and Office		dress (including number	(Attach rider if necessary), street, zip code)
Andronikos F	idas	Director	298 Pocasse	et Avenue,	Providence, RI
		Director	••••••		
		Director			
Andronikos F	idas	President	<b>!</b> f	****	
n	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vice Presider	nt		
н			u .		
II			11		
	f Shares authori			***************************************	Par Value
No. of Shares	Class	.zcc.	Series		or statement that shares are without par value
600	Commor	า			no par value
Eighth: Number of	Shares issued:	· ·	1		Par Value or statement that
No. of Shares	Class	in the second	Series	APR 08 198	shares are without par value
100	Commor	1		/	Nno par value
Dated March	19 .87	****	SILVER LAKE	PIZZA, INC	•
		Ву	Anlso	nucos I	uslan
(Report must be sign	ned by an officer)	Tit	le President		

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID114		Annual Rep	ort for the year1986
First: The nan	ne of the corporation is	SILVER LAKE PIZZA, I	
SECOND: It is in	acorporated under the laws	s of Rhode I:	sland
THIRD: Charact	er of business, briefly state	ed, is pizza resta	urant
Fourth: If fore	eign corporation, address o	f its principal office	
		c/o George A. Pl rovidence, RI 029	
SIXTH: Names a	and addresses of its director		(Attach rider if necessary) (including number, street, zip code)
Androni	kos Fidas Direct	or 298 Pocasse	t Ave., Providence, RI
	Direct	or	
	Direct	or	
Andronil	kos Fidas Preside	ent "	
11	Vice P	resident"	
<b>11</b>	Secreta	ary	
11	Treasu	rer	
SEVENTH: Numb	er of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without
600	common		par value v par value
		PAID	
Eighth: Number	r of Shares issued:	na 29 1986	Par Value or statement that
No. of Shares	Class	PAID APR 29 1986 SECY. OF STATE	shares are without par value
100	common	SEC 1.	no par value
Dated March	19 86	SILVER LAKE 1	<del>-</del>
<b>Date C</b>	19	(Name of Corporation)	-
		By Andronia	23 P. Fully
(Report must b	e signed by an officer)	Andronikos I TitlePresider	

Filling fee: \$15.00

To be filled annually between January 1st and March 1st

#### State of Uhode Island and Providence Plantations Office of the secretary of state

Corporate ID 1	<del></del>		the year 1985
First: The na	me of the corporation is	SILVER LAKE	PIZZA INC
SECOND: It is	incorporated under the	laws of RHODE	ISLAND
THIRD: Charac	eter of business, briefly st	tated, isPizza F	Restaurant
FOURTH: If fo	reign corporation, addr	ess of its princip	al office
Fifth: Busine	ss address in Rhode Isla	and (blank repor	rts will be mailed to this
ress) George	A. Pliakas, Esq. 19	08 Fleet Nati	onal Bank Bldg., Prov
SIXTH: Names	and addresses of its dir	rectors and offic	R.I. 02903
(Addre	sses must include street and	number, if any)	
Name	Office	<del></del> J	Address
Andronikos I	idas Director	298 Poca	sset Ave., Providence
	Director		
	Director	****	
	ridas President		•
	Vice Presiden	t	н
11	Secretary		tt
" additional space is n	Treasurer		п
SEVENTH: Num	ber of Shares authorize	ed:	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
600 r	o par common value		
			•.
			•
EIGHTH: Numb	er of Shares issued:		Par Value or statement that
No. of Shares	Class	Serles	shares are without par value
100	no par common valu	le	
: January 1	<u> 19 85</u>	SILVER LAKE	PIZZA, INC.
	5, 19 85 03/07/85	(Name of Corporati	on)
	∑g By,	Hndunuas Andronikos	Fidas
e. Z	Titl	e President	

FORM 31 11-82

### State of Uhnde Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Corporate ]	ID 11444	Annual Report f	or the year <u>1984</u>
First: Th	e name of the corporation i	s Silver Lak	E PIZZA INC
SECOND: I	t is incorporated under the	laws of RHOD	E ISLAND
	aracter of business, briefly (		
Fourth: I	f foreign corporation, add	ress of its princ	sipal office
FIFTH: Bu	siness address in Rhode Isl	and (blank rep	oorts will be mailed to this
address) Geor	ge A. Pliakas, Esq. 19	008 Fleet Na	tional Bank Bldg., Prov.
Sixth: Na:	mes and addresses of its di	rectors and of	R.I. 02903
(^	ddresses must include street and	number, If any)	7
Name	Office		Address
Androniko	s Fidas Director	298 Poc	Casset Ave., Providence, R
***	Director	***************************************	www.r.v.r.r.r.r.r.r.r.r.r.r.r.r.r.r.r.r.
		***************************************	······································
	Director		
<b>-</b>	s Fidas President	*** ***********************************	P)
***************************************	Vice Presiden	it	н
***************************************	Secretary		11
***************************************	Treasurer		<b></b>
(If additional space	is needed, attach rider)		
SEVENTH: N	lumber of Shares authoriz	ed:	Par Value
No. of Shares	Class	Series	or statement that shares are without
600	no par common value		par value
	no par common value		
			••
Еіснтн: Nu	mber of Shares issued:		Per Value
No. of Shares	Class	Serles	or statement that shares are without par value
100	no par common valu	e	yar value
	•		
Dated: January	15, 19 84	CITUED TAVE	
	• *	(Name of Corporat	PIZZA, INC.
	By∠	Anlenie	to finds
	7/8 Titl	Andronikos e President	Fidas
ţ	By, 87 Tiek MAR 4 1985 B		signed by an officer)
	, , , , , , , , , , , , , , , , , , ,		
If the corporat	lon has changed its registered be filed. Please බෙරින්ඩ Corporal සූ ආ කී	f office and/or it tion Division for in	s registered agent, Normation, 277-3040
	70 A001		
FORM 31 11-82	10	,	

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

#### State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

			Annual Report for	the year 1983
FIRST:	The name	of the corporation	on is SILVER LAKE	PIZZA, INC.
Second:	It is inc	orporated under	the laws of Rhod	e Island
THIRD:	Character	of business, brief	fly stated, is pizz	a restaurant
Fourth	: If foreig	gn corporation,	address of its princip	al office
G	George A.	Pliakas, Esq	uire -	rts will be mailed to this
Sixth:	Names an	d addresses of it	ts directors and offic	eers:
	(Addresses	s must include street	t and number, if any)	
1	Name	Office		Address
Andronikos	P. Fidas	5 Director	c/o 1908 Fl	eet Bank Bldg.,Prov.
,		Director		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
***************************************		Director		
		∃President	i	
Andronikos	P. Fidas	Vice Pres	sident	
		Secretary		
Andronikos	P. Fidas	S Treasures led, attach rider)		
Seventh	: Number	r of Shares autl	norized:	Par Value
No. of Sha	res	Class	Series	or statement that shares are without par value
600		Common		Without Par Value
Еіснтн:	Number	of Shares issued	d:	Par Value
No. of Sha		Class	Series	or statement that shares are without par value
100	8	Common		Without Par Value
Dated: Febr	83 uary 28,	19 83	SILVER LAKE (Name of Corporat  By Andronikos I	ion) les Fria
AU <sub>G 18</sub> SKN	1983		Title Pres	ident
~//w	; [*		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-g. sa wy an omogry
If the co	orporation in a	as changed its reg	istered office and/or it orporation Division for in	s registered agent, formation. 277-3040
	<del></del>			

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

#### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

			Annual Report 10	or the year 1982	
FIRST:	The name of	f the corporation	is Silver Lak	ke Pizza, Inc.	
			······		
Second:	It is incor	porated under t	he laws of Rhode	e Island	
THIRD:	Character of	f business, briefl	y stated, is Piz	zza Restaurant	
Fourth:	If foreign			cipal office	
			Island (blank rep	orts will be mailed to this	
Sixth:			directors and off		
	(Addresses	must include street a	and number, if any)		
ì	√ame	Office		Address	
		S Director	298 Pocas	set Avenue, Providence	, R.
		Director			
		Director			
		President			
		Vice Presid	lent	11	
		Secretary		II	
· · · · · · · · · · · · · · · · · · ·	nikos Fida ce is needed, at				
SEVENTH	: Number	of Shares author	rized:	Par Value or statement that	
No. of Shar	res	Class	Series	shares are without par value	
600 N	o Par valu	ıe			
				APR 21.1982	
Eighth:	Number of	f Shares issued	: •	Par Value or statement that	
No. of Shar	res	Class	Series	shares are without par value	
			đ		
			21		
ated: Janua	ry 5,	19 82	,,,,,	E PIZZA, INC.	
			(Name of Corporation	on)	
			By	1 Andrews of the second	
			Title Preside		
			(neport-must	be signed by an officer)	
				its registered agent, information. 277-3040	
rm 31 — 10-81	<u> </u>		<del></del>		