RI SOS Filing Number: 201609725350 Date: 10/03/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
2016 OCT -3 AM 9:52
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number	2. Exact name of the Corporation		
7109	S.P.A. CO. Inc.		
3. Principal Office Address	City	State	
268 Thayer st	Providence	RI	02906
4. Business Phone Number	5. State of Incorporation		
401-3317879	RI		

6. Brief description of the character of business conducted in Rhode Island
Restaurant, Full Servie Greek Cuisine

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

President Name	Vice-President Name
Andrew Mitrelis	Nicholas Makris
Street Address: 110 Church Hill Dr.	Street Address: 5 Fairfield rd
City: Cranston State: RI Zip: 02920	City: Barrington State: RI Zip: 02806
Secretary Name: Diane Mitrelis	Treasurer Name: Same As Above
Street Address: Same As Above	Street Address:
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
150	Common	$ 00.00

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
Konstantina Konstantinides	10/03/16

Signature of Authorized Representative: SIGN DOCUMENT HERE — Konstantina Konstantinides

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
142758-1-1148250

FILED
OCT 03 2016
By 284540

FORM 630 - Revised: 05/2016