



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  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2016 OCT 24 AM 11:50

1. Entity ID Number <b>505069</b>		2. Exact name of the Corporation <b>ARJK, INC.</b>	
3. Principal Office Address <b>477 SMITHFIELD AVE</b>		City <b>PAWTUCKET</b>	State <b>RI</b>
		Zip <b>02860</b>	
4. Business Phone Number <b>401-724-8944</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>IOANNIS KATTIS</b>		Vice-President Name <b>ANGELA KRISTINA RETSINA</b>	
Street Address <b>477 SMITHFIELD AVE</b>		Street Address <b>477 SMITHFIELD AVE</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>
			State <b>RI</b>
			Zip <b>02860</b>
Secretary Name <b>IOANNIS KATTIS</b>		Treasurer Name <b>ANGELA KRISTINA RETSINA</b>	
Street Address <b>477 SMITHFIELD AVE</b>		Street Address <b>477 SMITHFIELD AVE</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>
			State <b>RI</b>
			Zip <b>02860</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>1000</b>	<b>COMMON</b>
			<b>NO PAR</b>
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. <b>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.</b>			
Name of Authorized Representative <b>ANGELA KRISTINA RETSINA</b>			Date <b>10-19-2016</b>
Signature of Authorized Representative 			SIGN DOCUMENT HERE

**FILED**

OCT 24 2016

BY CR 286689  
 11:52

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