



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.

1. Entity ID Number 000823550		2. Exact name of the Corporation Hakobyan, Inc			
3. Principal Office Address 19 Opal Street		City Cranston		State RI	Zip 02905
4. Business Phone Number: 401 334-3440		6. Brief description of the character of business conducted in Rhode Island Pizza and Seafood Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tigran Hakobyan			Vice-President Name Tigran Hakobyan		
Street Address 19 Opal Street			Street Address 19 Opal Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Tigran Hakobyan			Treasurer Name Tigran Hakobyan		
Street Address 19 Opal Street			Street Address 19 Opal Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tigran Hakobyan			Director Name		
Street Address 19 Opal Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	common	no par
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 Tigran Hakobyan				Date 12/14/2016	
Signature of Authorized Representative <i>Tigran Hakobyan</i>				FILED 4290940 DEC 15 2016 BY <i>[Signature]</i>	
SIGN DOCUMENT HERE					