



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

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 522917		2. Exact name of the Corporation WOONSOCKET PALACE PIZZA INC.			
3. Principal Office Address 85 FRONT STREET		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island PIZZA AND FAST FOOD				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NIKOS MICHALOPOULOS			Vice-President Name ELENI MICHALOPOULOS		
Street Address 33 PATTON ROAD			Street Address 33 PATTON ROAD		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name ELENI MICHALOPOULOS			Treasurer Name NIKOS MICHALOPOULOS		
Street Address 33 PATTON ROAD			Street Address 33 PATTON ROAD		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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	
4000		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 NIKOS MICHALOPOULOS - PRES.				Date 1/16/17	
Signature of Authorized Representative <i>Nikos Michalopoulos</i>				FILED JAN 30 2017	

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

BY *[Signature]*