



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 <b>73738</b>		2. Exact name of the Corporation <b>TOWN PIZZA OF EXETER, INC.</b>	
3. Principal Office Address <b>319 Narragansett Parkway</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02888</b>	
4. NAICS Code <b>72 - Accommodation and Food Services</b>	6. Brief description of the character of business conducted in Rhode Island <b>to sell pizza and other affiliated food goods</b>		
5. State of Incorporation <b>Rhode Island</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>Stavros Hantzopoulos</b>		Vice-President Name <b>same</b>	
Street Address <b>319 Narragansett Parkway</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
	Zip <b>02888</b>		Zip
Secretary Name <b>same</b>		Treasurer Name <b>same</b>	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Stavros Hantzopoulos</b>		Director Name	
Street Address <b>319 Narragansett Parkway</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
	Zip <b>02888</b>		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		<b>none</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>STAVROS HANTZOPOULOS</b>		Date <b>1-24-17</b>	
Signature of Authorized Representative 		<b>FILED</b> <b>FEB 01 2017</b> <b>3287</b>	

MAIL TO:  
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