Colombia.

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2017
Corporation	2017

- → Filing period: January 1 March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00) fee if form is n	ot filed by April 1.				
Entity ID Number		ne of the Corporation				
66572	ELA	LA RESTA	uranT	Inc.		
Principal Office Address					State	Zip
435 Power	Rd		PAW	Tucket	1 Ri	·
4. NAICS Code	6. Brief desc	ription of the charact	er of business	conducted in Rhode	Island	
72						
5. State of Incorporation	→ <i>R</i> .	ESTAURAN	7			
RT						
7. List ALL officers (names and a	ddresses)			Chec	k the hoy to	indicate an attachment
President Name		•	Vice-Preside	ent Name	•	•
ANASTASIOS KA	PSIMACI	5	ANA	STASIA KA	AP SIM	4 C13
Street Address	•		Street Addre	ess	•	***
City Cower 10	State	Zip	City ₂	- Power Ro	oac _	7:-
PAWTUCKET	RI	DZ860	PAWT	cket	State	Zip 02860
Secretary Name .			Treasurer Na	ame		,
ANASTASIA 1	(APSIMA	CIS	ANA	STASIUS K	Apsi	4alis
Street Address	2_1		Street Addre		,	
City O	State	Zip	City 0	FOWER KO	State	Zip
PAWTUCKET	RI	02860	PAWT	lower Ro	RT	0286
8. List ALL directors (names and	addresses)			Checi	k the box to	ndicate an attachment
Director Name NONE_			Director Nan	10		
Street Address			Street Addre	ne		
			Oliceragio	55		
City	State	Zip	City		State	Zip
Director Name			Director Nam	<u> </u>		
			Director Hair			
Street Address			Street Addres	SS		
City	01-1-		0.7		la: :	
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issue	-d	Check	the box to i	ndicate an attachment
This information is currently of reco	ord in the	NUMBER OF S		CLASS/SERIE		PAR VALUE
Department of State.		10	6	Conno	4	NO PAR Vai
Changes require an additional filing	j .			107770	71	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11. This report must be executed a	on hohalf of the					h. L
 This report must be executed etrustee, this report must be executed. 	on behalf of the d ted on behalf of t	corporation by an aut	monzea repre e neceiver or f	sentative. If the corporate	oration is in 1	ne nands of a receiver
Under penalty of perjury, I decla	re and affirm ti	hat I have examined	this report,	including any accor	npanying s	chedules and
statements, and that all statements. Name of Authorized Representative	ents contained i	herein are true and	correct.	-		
					Date 7	linkin
A MASTASIOS KI		(1)				112/17
Signature of Authorized Represen	tative		-	-		
Allow with		Albert Level	oution of this			
AIL TO:	7			**************************************		
MIL 10:			בר	D 1 7 000	-	

Division of Business Services)
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FEB 1 7 2017

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