



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 66572		2. Exact name of the Corporation ELKA RESTAURANT, INC.	
3. Principal Office Address 435 Power Rd		City PAWTUCKET	State RI
Zip 02860			
4. NAICS Code 72	6. Brief description of the character of business conducted in Rhode Island 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 ANASTASIOS KAPSIMALIS		Vice-President Name ANASTASIA KAPSIMALIS	
Street Address 435 Power Road		Street Address 435 Power Road	
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET
Secretary Name ANASTASIA KAPSIMALIS		Treasurer Name ANASTASIOS KAPSIMALIS	
Street Address 435 Power Rd		Street Address 435 Power Road	
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES 100	
Changes require an additional filing.		CLASS/SERIES COMMON	
		PAR VALUE NO PAR VALUE	
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 ANASTASIOS KAPSIMALIS		Date 2/12/17	
Signature of Authorized Representative 			

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

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