RI SOS Filing Number: 201734930470 Date: 2/24/2017 4:00:00 PM

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	2. Exact name of the Corporation
8970	P & P INC.

3. Principal Office Address	City	State	Zip
108 VAN ZANDT AVENUE	NEWPORT	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
48-49 - Transportation and War	TAXICAB AND OTHER MOTOR VEHICLE SERVICES
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ANTHONY COTSORIDIS			Vice-President Name: NONE		
Street Address: 108 VAN ZANDT AVENUE			Street Address:		
City: NEWPORT	State: RI	Zip: 02840	City:	State:	Zip:
Secretary Name: ANTHONY COTSORIDIS			Treasurer Name: ANTHONY COTSORIDIS		
Street Address: 108 VAN ZANDT AVENUE			Street Address: 108 VAN ZANDT AVENUE		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: ANTHONY COTSORIDIS			Director Name:		
Street Address: 108 VAN ZANDT AVENUE			Street Address:		
City: NEWPORT	State: RI	Zip: 02840	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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: ANTHONY COTSORIDIS

Date: 2/7/2017

Signature of Authorized Representative: A Cotsoridis

FILED

FEB 24 2017

BY 2135

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

FORM 630 - Revised: 10/2016