



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 102816		2. Exact name of the Corporation TIMMY'S RESTAURANT, INC			
3. Principal Office Address 644 WEST SHORE ROAD			City WARWICK	State RI	Zip 02889
4. NAICS Code 72 - Accommodation and Food Services		6. Brief description of the character of business conducted in Rhode Island RETAIL SALE OF FOOD AND BEVERAGES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CONSTANTINE PANTELEAKIS			Vice-President Name CONSTANTINE PANTELEAKIS		
Street Address 467 ROBIN HOLLOW RD			Street Address 467 ROBIN HOLLOW RD		
City WEST GREENWICH	State RI	Zip 02816	City WEST GREENWICH	State RI	Zip 02816
Secretary Name CONSTANTINE PANTELEAKIS			Treasurer Name CONSTANTINE PANTELEAKIS		
Street Address 467 ROBIN HOLLOW RD			Street Address 467 ROBIN HOLLOW RD		
City WEST GREENWICH	State RI	Zip 02816	City WEST GREENWICH	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 CONSTANTINE PANTELEAKIS					Date 02/24/2017
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

FILED
 MAR 02 2017
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