



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 9819		2. Exact name of the Corporation MELS LUNCH, INC.			
3. Principal Office Address 25 BROADWAY			City NEWPORT	State RI	Zip 02840
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island FOOD DISPENSING AND RESTAURANT OPERATION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVE JAMES MELLEKAS			Vice-President Name GREGORY MELLEKAS		
Street Address 8 ALMY COURT			Street Address 26 DIVISION STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name GREGORY MELLEKAS			Treasurer Name STEVE JAMES MELLEKAS		
Street Address 26 DIVISION STREET			Street Address 8 ALMY COURT		
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 <input type="checkbox"/>					
Director Name STEVE JAMES MELLEKAS			Director Name GREGORY MELLEKAS		
Street Address 8 ALMY COURT			Street Address 26 DIVISION STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name NONE			Director Name NONE		
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	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 Steve James Mellekas					Date 2/15/2017
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

BY

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