



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 <b>61755</b>		2. Exact name of the Corporation <b>Classic Pizza, Inc.</b>	
3. Principal Office Address <b>496 Main Rd.</b>		City <b>Tiverton</b>	State <b>RI</b>
		Zip <b>02878</b>	
4. NAICS Code <b>72</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sales - Pizza, Subs, etc...</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Manolis Karakatsanis</b>		Vice-President Name <b>Nomiki Karakatsanis</b>	
Street Address <b>24 Roseland Dr.</b>		Street Address <b>24 Roseland Dr.</b>	
City <b>Tiverton</b>	State <b>RI</b>	City <b>Tiverton</b>	State <b>RI</b>
Zip <b>02878</b>		Zip <b>02878</b>	
Secretary Name <b>Manolis Karakatsanis</b>		Treasurer Name <b>Nomiki Karakatsanis</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Manolis Karakatsanis</b>		Director Name <b>Nomiki Karakatsanis</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>4000</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>None</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>Nomiki Karakatsanis</b>		Date <b>3/14/17</b>	
Signature of Authorized Representative 			

**FILED**

**MAR 23 2017**

BY 299014 A.A

MAIL TO:  
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