



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR

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 31512		2. Exact name of the Corporation PAWTUCKET HOUSE OF PIZZA, INC.			
3. Principal Office Address 398 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island RESTAURANT BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PANAGIOTIS KAKISIS			Vice-President Name PANAGIOTIS KAKISIS		
Street Address 398 SMITHFIELD AVENUE			Street Address 398 SMITHFIELD AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name PANAGIOTIS KAKISIS			Treasurer Name PANAGIOTIS KAKISIS		
Street Address 398 SMITHFIELD AVENUE			Street Address 398 SMITHFIELD AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PANAGIOTIS KAKISIS			Director Name NONE		
Street Address 398 SMITHFIELD AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 50	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 PANAGIOTIS KAKISIS				Date 3/23/17	
Signature of Authorized Representative <i>Panagiotis Kakisis</i>			SIGN DOCUMENT HERE		

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 29 2017

BY 6376 DS