



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

Annual Report for the year: 2017
Corporation

STAMP

- 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 117334		2. Exact name of the Corporation AGIOS, INC.	
3. Principal Office Address 617 PUTNAM PIKE		City CHEPACHET	State RI
		Zip 02814	
4. NAICS Code 81 - Other Services (except <input checked="" type="checkbox"/> F)	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE RESTAURANT BUSINESS		
5. State of Incorporation RHODE ISLAND	722511		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PANAGIOTA ARSENIADIS		Vice-President Name PANAGIOTA ARSENIADIS	
Street Address 615 PUTNAM PIKE		Street Address 615 PUTNAM PIKE	
City CHEPACHET	State RI	Zip 02814	City CHEPACHET
			State RI
			Zip 02814
Secretary Name PANAAGIOTA ARSENIADIS		Treasurer Name PANAGIOTA ARSENIADIS	
Street Address 615 PUTNAM PIKE		Street Address 615 PUTNAM PIKE	
City CHEPACHET	State RI	Zip 02814	City CHEPACHET
			State RI
			Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name PANAGIOTA ARSENIADIS		Director Name	
Street Address 615 PTUNAM PIKE		Street Address	
City CHEPACHET	State RI	Zip 02814	City
			State
			Zip
Director Name		Director Name	
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
		300	COMMON
			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. <i>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.</i>			
Name of Authorized Representative PANAGIOTA ARSENIADIS		Date 9-1-17	
Signature of Authorized Representative <i>Panagiota Arseniadis</i> SIGN DOCUMENT HERE FILED			

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

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