



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

Annual Report for the year: 2018  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

STAMP

FOR

2017 OCT 25 PM 12:25

1. Entity ID Number <b>000011444</b>		2. Exact name of the Corporation <b>Silver Lake Pizza, Inc.</b>	
3. Principal Office Address <b>180A Pocasset Ave</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone Number <b>401-942-1111</b>		5. State of Incorporation <b>RI</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Pizza restaurant 122513</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>Andronikos Fidas</b>		Vice-President Name <b>Andronikos Fidas</b>	
Street Address <b>180A Pocasset Ave</b>		Street Address <b>180A Pocasset Ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02909</b>	
Secretary Name <b>Andronikos Fidas</b>		Treasurer Name <b>Andronikos Fidas</b>	
Street Address <b>180A Pocasset Ave</b>		Street Address <b>180A Pocasset Ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02909</b>	
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>Andronikos Fidas</b>		Director Name	
Street Address <b>180A Pocasset Ave</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02909</b>		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>100</b>	<b>Common</b>
			PAR VALUE
			<b>No par value</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>Andronikos Fidas</b>		Date <b>10/25/17</b>	
Signature of Authorized Representative <i>Andronikos Fidas</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

OCT 25 2017  
BY **315756**  
**A. A. 1246 P.M.**  
FORM 630 - Revised: 05/2016