



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2014

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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FOR

| | | | |
|---|--------------------|--|-------------------------------|
| 1. Entity ID Number 000011444 | | 2. Exact name of the Corporation Silver Lake Pizza, Inc. | |
| 3. Principal Office Address 180A Pocasset Ave | | City Providence | State RI |
| | | Zip 02909 | |
| 4. Business Phone Number 401-942-1111 | | 5. State of Incorporation RI | |
| 6. Brief description of the character of business conducted in Rhode Island Pizza restaurant 722513 | | | |
| 7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment | | | |
| President Name Andronikos Fidas | | Vice-President Name Andronikos Fidas | |
| Street Address 180A Pocasset Ave | | Street Address 180A Pocasset Ave | |
| City Providence | State RI | City Providence | State RI |
| Zip 02909 | | Zip 02909 | |
| Secretary Name Andronikos Fidas | | Treasurer Name Andronikos Fidas | |
| Street Address 180A Pocasset Ave | | Street Address 180A Pocasset Ave | |
| City Providence | State RI | City Providence | State RI |
| Zip 02909 | | Zip 02909 | |
| 8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment | | | |
| Director Name Andronikos Fidas | | Director Name | |
| Street Address 180A Pocasset Ave | | Street Address | |
| City Providence | State RI | City | State |
| Zip 02909 | | Zip | |
| 9. Shares Authorized | | 10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES 100 | CLASS/SERIES Common |
| Changes require an additional filing. | | 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 Andronikos Fidas | | Date 10/25/17 | |
| 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

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FORM 630 - Revised: 05/2016