



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2011

## 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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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>	Zip <b>02909</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 722513</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>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</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>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</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>	Zip <b>02909</b>	City	State	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		
			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. <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. 12:38 p.m.

FORM 630 - Revised: 05/2016