



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2009

Corporation

→ Filing period: January 1 - March 1

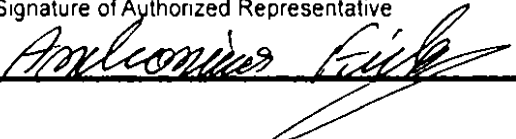
→ Filing Fee: \$50.00

→ 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

2017 OCT 25 PM 12:25

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 702513					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Andronikos Fidas		Vice-President Name Andronikos Fidas			
Street Address 180A Pocasset Ave		Street Address 180A Pocasset Ave			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Andronikos Fidas		Treasurer Name Andronikos Fidas			
Street Address 180A Pocasset Ave		Street Address 180A Pocasset Ave			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Andronikos Fidas		Director Name			
Street Address 180A Pocasset Ave		Street Address			
City Providence	State RI	Zip 02909	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	PAR VALUE
		100	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. 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  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

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A.A. 12:30 P.M.

FORM 630 - Revised: 05/2016