



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

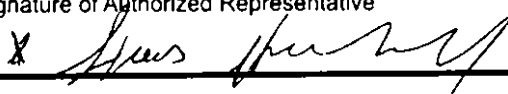
Annual Report for the year: **2018**
Corporation

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 73738		2. Exact name of the Corporation TOWN PIZZA OF EXETER, INC.			
3. Principal Office Address 319 Narragansett Parkway		City Warwick		State RI	Zip 02888
4. NAICS Code 72-Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island to sell pizza and other affiliated food goods			
5. State of Incorporation Rhode Island		722511			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Stavros Hantzopoulos			Vice-President Name same		
Street Address 319 Narragansett Parkway			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name same			Treasurer Name same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Stavros Hantzopoulos			Director Name		
Street Address 319 Narragansett Parkway			Street Address		
City Warwick	State Ri	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES none	CLASS/SERIES	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 Stavros Hantzopoulos					Date 1-22-18
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.govJAN 29 2018
BY **3581 QS**

FORM 630 - Revised: 10/2017