State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation
73738	**TOWN PIZZA OF EXETER, INC.**

3. Principal Office Address	City	State	Zip
319 Narragansett Parkway	**Warwick**	**RI**	**02888**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
72-Accomodation and Food	**to sell pizza and other affiliated food goods**
5. State of Incorporation	722511
Rhode Island	

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	none		
Changes require an additional filing.			

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	Date
Stavros Hantzopoulos	1-22-18

Signature of Authorized Representative

X [signature] 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

JAN 29 2018
BY 358105

FORM 630 - Revised: 10/2017