



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 1671456		2. Exact name of the Corporation Kostas Corporation	
3. Principal Office Address 1370 Mineral Spring Avenue		City North Providence	State RI
		Zip 02904	
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island Operation of a restaurant.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Sotirios Katsaras		Vice-President Name	
Street Address 4 Murphy Court		Street Address	
City North Providence	State RI	Zip 02911	City
Secretary Name Sotirios Katsaras		Treasurer Name Sotirios Katsaras	
Street Address 4 Murphy Court		Street Address 4 Murphy Court	
City North Providence	State RI	Zip 02911	City North Providence
		State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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 ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS-SERIES	
		PAR VALUE	
		2000	CNP
			NO PAR
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 <i>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.</i>			
Name of Authorized Representative Sotirios Katsaras, President		Date 1-15-18	
Signature of Authorized Representative 		FILED SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 23 2018

BY **KL 305060**

FORM 630 - Revised: 10/2017