State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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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 **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	State	Zip
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**

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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	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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	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

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 **Sotirios Katsaras, President**	Date 1-15-18
Signature of Authorized Representative [signature] SIGN DOCUMENT HERE	

FILED

FEB 23 2018

BY KL 325060

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

FORM 630 - Revised: 10/2017