



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

RECEIVED
FOR SECRETARY OF STATE
CORPORATIONS DIVISION
2018 FEB 23 PM 2:27

1. Entity ID Number 16819		2. Exact name of the Corporation Wein-O-Rama, Inc.			
3. Principal Office Address 1009 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island Operating a restaurant.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name George Sotirakos			Vice-President Name Ernest Sotirakos		
Street Address 22 Azalea Drive			Street Address 9 Falcon Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name George Sotirakos			Treasurer Name Ernest Sotirakos		
Street Address 22 Azalea Drive			Street Address 9 Falcon Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name George Sotirakos			Director Name Ernest Sotirakos		
Street Address 22 Azalea Drive			Street Address 9 Falcon Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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		
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 George M Sotirakos					Date 2/12/18
Signature of Authorized Representative <i>George M Sotirakos</i>					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

FEB 23 2018

BY KL 305056

FORM 630 - Revised: 10/2017