State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIVISION

2018 FEB 28 PM 12:55

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			
797372	Olga's Famous Pizza, Inc.			
3. Principal Office Address		City	State	Zip
335 Waterman Avenue		Smithfield	RI	02905
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722513	To operate, maintain and carry on a restaurant business.			
5 State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Elias D. Lefas			Vice-President Name: Elias D. Lefas		
Street Address: 59 Canavan Drive			Street Address: 59 Canavan Drive		
City: Braintree	State: MA	Zip: 02184	City: Braintree	State: MA	Zip: 02184
Secretary Name: Elias D. Lefas			Treasurer Name: Elias D. Lefas		
Street Address: 59 Canavan Drive			Street Address: 59 Canavan Drive		
City: Braintree	State: MA	Zip: 02184	City: Braintree	State: MA	Zip: 02184

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Elias D. Lefas			Director Name		
Street Address: 59 Canavan Drive			Street Address		
City: Braintree	State: MA	Zip: 02184	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
100	Common	No 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	Date
Elias D. Lefas	2/20/18

Signature of Authorized Representative: Elias D. Lefas

SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 325513

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