



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
 RECEIVING OF STATE
 USE ONLY

1. Entity ID Number 2035		2. Exact name of the Corporation BASIL'S PIZZA, INC.			
3. Principal Office Address 1441 Park Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 72 - Accommodation and Food		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 Basilius K. Tsimikas			Vice-President Name Basilius K. Tsimikas		
Street Address 1270 Cranston Street			Street Address 1270 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Basilius K. Tsimikas			Treasurer Name Basilius K. Tsimikas		
Street Address 1270 Cranston Street			Street Address 1270 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Basilius K. Tsimikas			Director Name None		
Street Address 1270 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
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. <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 Basilius K. Tsimikas					Date Feb. 3, 2018
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

FEB 28 2018

BY 17950 DS

FORM 630 - Revised: 10/2016