



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

FILED

MAR 01 2018

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.

BY _____

1. Entity ID Number 143985		2. Exact name of the Corporation Nikya-C, Inc.			
3. Principal Office Address 15 Scotch Pine Circle			City Wellesley	State MA	Zip 02481
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island To engage in every aspect and phase of the real estate business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Katerina N. Contos			Vice-President Name Anastasia Contos		
Street Address 15 Scotch Pine Circle			Street Address 12 Otis Place		
City Wellesley	State MA	Zip 02481	City Boston	State MA	Zip 02108
Secretary Name Yannis Contos			Treasurer Name Anastasia Contos		
Street Address 15 Scotch Pine Circle			Street Address 12 Otis Place		
City Wellesley	State MA	Zip 02481	City Boston	State MA	Zip 02108
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Katerina N. Contos			Director Name Anastasia Contos		
Street Address 15 Scotch Pine Circle			Street Address 12 Otis Place		
City Wellesley	State MA	Zip 02481	City Boston	State MA	Zip 02108
Director Name Yannis Contos			Director Name		
Street Address 15 Scotch Pine Circle			Street Address		
City Wellesley	State MA	Zip 02481	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300			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 Katerina N. Contos, President <i>Katerina Contos</i>					Date 2-20-18
Signature of Authorized Representative					

SIGN DOCUMENT HERE
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

MAR 01 2018

BY 1315 DS

ANNUAL REPORT FOR THE YEAR 2018

NIKYA-C, INC.
ID #143985

7. Names and Addresses of the Officers

Vice President: Yannis Contos
15 Scotch Pine Circle
Wellesley, MA 02481

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BY

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