RI SOS Filing Number: 201859704600 Date: 3/2/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

FILED

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

	MAR 0 2 2018
BY_	(M77)
	1777

Entity ID Number	Entity ID Number 2. Exact name of the Corporation								
31512		PAWTUCKET HOUSE OF PIZZA, INC.							
3. Principal Office Address			City		State	Zip			
398 SMITHFIELD AVENUE			PAWTUCK	ET	RI	02860			
4 NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
722515	RESTAURA	RESTAURANT BUSINESS							
5. State of Incorporation									
RHODE ISLAND									
7. List ALL officers (names an	d addresses)				k the box to	indicate an attachment 🔲			
President Name PANAGIOTIS	Vice-President Name PANAGIOTIS KAKISIS								
Street Address 398 SMITHFIEL	Street Address 398 SMITHFIELD AVENUE								
City PAWTUCKET	State RI	Zıp <b>02860</b>	City PAWTUCKET		State RI	<sup>Zip</sup> 02860			
Secretary Name PANAGIOTIS KAKISIS			Treasurer Name PANAGIOTIS KAKISIS						
Street Address 398 SMITHFIELD AVENUE			Street Address 398 SMITHFIELD AVENUE						
City PAWTUCKET	State RI	Z <sup>IP</sup> 02860	City PAWTUCKET		State RI	<sup>Zıp</sup> 02860			
8. List ALL directors (names a	nd addresses)	<del></del>		Chec	k the box to	indicate an attachment			
Director Name PANAGIOTIS KAKISIS			Director Name NONE						
Street Address 398 SMITHFIELD AVENUE			Street Address						
City PAWTUCKET	State RI	Z <sub>IP</sub> 02860	City		State	Zip			
Director Name NONE	Director Name NONE								
Street Address	Street Address								
City	State	Zıp	City		State	Zıp			
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 50		COMMON NO PAR VALUE  NO PAR VALUE					
						NO PAR VALUE			
11. This report must be execut trustee, this report must be ex-					poration is in	the hands of a receiver or			
Under penalty of perjury, I d statements, and that all state	eclare and affirm (	hat I have examin	ed this report, i		mpanying s	chedules and			
Name of Authorized Representative						Date			
PANAGIOTIS KAKISIS						2/13/2018			
Signature of Authorized Repre		$\overline{}$		/, /	<del>.</del>	<u> </u>			
	· ·	Kanasio	TIN HERZ	los le	8				
MAIL TO:	<del></del>				<del></del>				

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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