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

FILED
MAR 02 2018
BY 6422

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
31512	PAWTUCKET HOUSE OF PIZZA, INC.

3. Principal Office Address	City	State	Zip
398 SMITHFIELD AVENUE	PAWTUCKET	RI	02860

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722515	RESTAURANT BUSINESS
5. State of Incorporation: RHODE ISLAND	

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

President Name: PANAGIOTIS KAKISIS			Vice-President Name: PANAGIOTIS KAKISIS		
Street Address: 398 SMITHFIELD AVENUE			Street Address: 398 SMITHFIELD AVENUE		
City: PAWTUCKET	State: RI	Zip: 02860	City: PAWTUCKET	State: RI	Zip: 02860
Secretary Name: PANAGIOTIS KAKISIS			Treasurer Name: PANAGIOTIS KAKISIS		
Street Address: 398 SMITHFIELD AVENUE			Street Address: 398 SMITHFIELD AVENUE		
City: PAWTUCKET	State: RI	Zip: 02860	City: PAWTUCKET	State: RI	Zip: 02860

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

Director Name: PANAGIOTIS KAKISIS			Director Name: NONE		
Street Address: 398 SMITHFIELD AVENUE			Street Address:		
City: PAWTUCKET	State: RI	Zip: 02860	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
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
50	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
PANAGIOTIS KAKISIS	2/13/2018

Signature of Authorized Representative: Panagiotis Kakisis

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