



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

Annual Report for the year: **2018**
Corporation

STAMP

- 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 622502		2. Exact name of the Corporation AVA KEROLOS, INC.-					
3. Principal Office Address 1022 SOUTH BROADWAY		City EAST PROVIDENCE	State RI	Zip 02914			
4. NAICS Code 722511	5. Brief description of the character of business conducted in Rhode Island PIZZERIA, RESTAURANT						
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name GEORGE YANNA		Vice-President Name EHAB DAWOOD					
Street Address 1 WHIPPLE AVENUE		Street Address 102 WILLIAMS AVENUE					
City RIVERSIDE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02914		
Secretary Name GEORGE YANNA		Treasurer Name EHAB DAWOOD					
Street Address 1 WHIPPLE AVENUE		Street Address 102 WILLIAMS AVENUE					
City RIVERSIDE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02914		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	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
					1000	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. <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 GEORGE YANNA, PRESIDENT					Date 3/11/2019		
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 08 2019
BY **3224 DS**