



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
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 147		2. Exact name of the Corporation AKR Corporation			
3. Principal Office Address 200 Pleasant View Avenue			City Smithfield		State RI
					Zip 02917
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island 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 Paraskevi Revis			Vice President Name		
Street Address 200 Pleasant View Avenue			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Paraskevi Revis			Treasurer Name Paraskevi Revis		
Street Address 200 Pleasant View Avenue			Street Address 200 Pleasant View Avenue		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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		
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 Paraskevi Revis, President					Date
Signature of Authorized Representative <i>Paraskevi Revis</i>					

FILED

SIGN DOCUMENT HERE
MAR 07 2018

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY KL 326081