



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 <b>147</b>		2. Exact name of the Corporation <b>AKR Corporation</b>			
3. Principal Office Address <b>200 Pleasant View Avenue</b>			City <b>Smithfield</b>		State <b>RI</b>
			Zip <b>02917</b>		
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>Restaurant</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Paraskevi Revis</b>			Vice President Name		
Street Address <b>200 Pleasant View Avenue</b>			Street Address		
City <b>Smithfield</b>		State <b>RI</b>	Zip <b>02917</b>	City	State
				Zip	
Secretary Name <b>Paraskevi Revis</b>			Treasurer Name <b>Paraskevi Revis</b>		
Street Address <b>200 Pleasant View Avenue</b>			Street Address <b>200 Pleasant View Avenue</b>		
City <b>Smithfield</b>		State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>
				Zip <b>02917</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
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 <b>Paraskevi Revis, President</b>					Date
<b>FILED</b>					
Signature of Authorized Representative <i>Paraskevi Revis</i>					SIGN DOCUMENT HERE <b>MAR 07 2018</b>

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