RI SOS Filing Number: 201877945090 Date: 9/21/2018 4:00:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP 21 PM 1:10

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			
000007109	S.P.A. CO. INC			
3. Principal Office Address		City	State	Zip
268 Thayer St.		Providence	R.I.	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	RESTAURANT			
5. State of Incorporation				
R.I.				

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

President Name			Vice President Name		
Mr. Andrew Mitrelis			Nicholas K. Makris		
Street Address			Street Address		
110 Church Hill Dr.			7 Meadowbrook Dr.		
City	State	Zip	City	State	Zip
Cranston	R.I	02920	Barrington	R.I	02806
Secretary Name			**Treasurer Name**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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 150 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	CNP	$0.00

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: NICHOLAS MAKRIS — Date: 09-21-18

Signature of Authorized Representative

FILED
SEP 21 2018
1:10
BY CR ZEA6W

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: 02/2017