RI SOS Filing Number: 201883466910 Date: 12/31/2018 4:00:00 PM

Corporation → Filing Fee \$50.00 → Penalty Additional \$25.00 fee if form is not filed by April 1. Entity ID Number	Department of Staus Department of Staus Department of Staus			Division			2018	00 3EC \$EC	
1 Entity ID Number	Filing period January 1 - I	March 1		_			DEC 31	RECE! CRETARY ORPORATI	
3 Principal Office Address 321 South Main Street Suite 580 4 NAICS Code 5 Brief description of the character of business conducted in Rhode Island 72 J J I 5 State of Incorporation RI 7 List ALL Officers (names and addresses) Check the box to indicate an attac President Name William J. Kapanakis Street Address City Cranston Street Address City State	•			n		<u>.</u>	∵ <u>₹</u>	20 √ 2	
Operation of food and beverage establishments 5 State of Incorporation RI 7. List ALL difficers (names and addresses) Check the box to indicate an attack the food and beverage establishments Check the box to indicate an attack the food and beverage establishments Check the box to indicate an attack the food and beverage establishments Check the box to indicate an attack the food and beverage establishments Check the box to indicate an attack the food and beverage establishments City Cranston Street Address City State Zip City State Zip Check the box to indicate an attack the food and beverage establishments City State Zip Check the box to indicate an attack the food and behalf of the corporation by an authorized representative If the corporation is in the hands of a refuse this report must be executed on behalf of the corporation by an authorized representative If the corporation is in the hands of a refuse this report must be executed on behalf of the corporation by an authorized representative If the corporation is in the hands of a refuse this report must be executed on behalf of the corporation by an authorized representative If the corporation is in the hands of a refuse the interport must be executed on behalf of the corporation by an authorized representative If the corporation is in the hands of a refuse thems the contained herein are true and correct. Name of Authorized Representative Date Milliam J. Kapanakis Signature of Authorized Representative	Principal Office Address			'	e		\$ 9	>	
Street Address 106 Davis Avenue City Cranston State RI Zip 02910 City State Zip Check the box to indicate an attace Director Name Street Address City State Zip Check the box to indicate an attace and address selected on behalf of the corporation by an authorized representative. If the corporation is in the hands of a retrustee, this report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a retrustee, this report must be executed on behalf of the corporation by the receiver or trustee Under penalty of perjury, locklare and affirm that 1 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 MASA/AMS Signature all Authorized Representative	2511		•			node Island			
City Cranston State RI Zip 02910 City State Treasurer Name Street Address Street Address City State Zip Check the box to indicate an attact and	President Name William J. Kapanakis								
Secretary Name Treasurer Name	106 Davis Avenue	State 5	Zipanna			State	State Zip		
City State Zip City State Zip Check the box to indicate an attact Director Name Director Name		RI	02910	Treasurer Na	Treasurer Name			L	
B. List ALL directors (names and addresses) Check the box to indicate an attactoric Name Director Name Street Address City State Zip City State Zip City State Zip Director Name Director Name Street Address City State Zip Check the box to indicate an attactoric Name Street Address City State Zip Check the box to indicate an attactoric Name Street Address City State Zip Check the box to indicate an attactoric Name NUMBER OF SHARES CLASSISLIFE ZAR VALU 1000 A Department of State. 1000 A Department of State. 1000 A Department of State. Chack the box to indicate an attactoric Name NUMBER OF SHARES CLASSISLIFE ZAR VALU 1000 A Department of State. Chack the box to indicate an attactoric Name NUMBER OF SHARES CLASSISLIFE ZAR VALU Department of State. Department of State. Chack the box to indicate an attactoric Name NUMBER OF SHARES CLASSISLIFE ZAR VALU Department of State. Department of State. Department of State. Date William J. Kapanakis Scionature of Authorized Representative	Street Address				Street Address				
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Director Name Director Name	·	addresses)		Director Nam		Check the box to	indicate a	an attachment [
Director Name Street Address Check the box to indicate an attact NUVBER OF SHARES CLASSISLALS SAR VALUE Department of State. 1000 A 0 Changes require an additional filing. In This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a require 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 William J. Kapanakis Signature of Authorized Representative	treet Address			Street Address					
Street Address Street Address Street Address Street Address Street Address City State Zip City State Zip Check the box to indicate an attact NUMBER OF SHARES CLASSISTALES PAR VALUE 1000 A Changes require an additional filling. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a rustee, 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 William J. Kapanakis Signature of Authorized Representative		State	Zıp	City		State		Zip	
State Zip City State Zip City State Zip 9 Shares Authorized 10. Shares Issued Check the box to indicate an attact this information is currently of record in the Department of State. 1000 A 0 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a rustee, this report must be executed on behalf of the corporation by the receiver or trustee. 11. This report must be executed on behalf of the corporation by the receiver or trustee. 12. 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. 12. Value Statements are true and correct. 13. Value Statements are true and correct. 14. Value Statements are true and correct. 15. Value of Authorized Representative	Director Name								
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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 12/3//20/5									
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William 1- Hagrand STAN DOCUMENT HERE FILED	ture of Authorized Represen	itative <i>la</i> enau	WE NOO	CUMENT FRES	FILE	D	/		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov BY C MY 7W FORM 630 - Revised: 10/2017