



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 15 PM 12:38

1. Entity ID Number 141033		2. Exact name of the Corporation Famous Lefas Pizza, Inc.			
3. Principal Office Address 1738 Main Street		City West Warwick		State RI	Zip 02893
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island To operate, maintain and carry on a restaurant business.			
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 Elias D. Lefas			Vice-President Name Elias D. Lefas		
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive		
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184
Secretary Name Elias D. Lefas			Treasurer Name Elias D. Lefas		
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive		
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elias D. Lefas			Director Name		
Street Address 59 Canavan Drive			Street Address		
City Braintree	State MA	Zip 02184	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		
			100	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. 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 Elias D. Lefas					Date 1/15/19
Signature of Authorized Representative 					FILED

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFEB 15 2019
BY
FORM 630 - Revised: 10/2017