



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

FILED

MAR 18 2019

BY

3620

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.

1. Entity ID Number 66572		2. Exact name of the Corporation ELKA RESTAURANT, INC.			
3. Principal Office Address 435 POWER ROAD			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 722511		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 ANASTASIOS KAPSIMALIS			Vice-President Name ANASTASIA KAPSIMALIS		
Street Address 435 POWER RD			Street Address 435 POWER RD		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name ANASTASIA KAPSIMALIS			Treasurer Name ANASTASIOS KAPSIMALIS		
Street Address 435 POWER RD			Street Address 435 POWER RD		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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
		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 ANASTASIOS KAPSIMALIS				Date 3/11/19	
Signature of Authorized Representative 				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.gov