



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

Annual Report for the year: 2019
 Corporation

SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAR 20 PM 3:07

- 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 61755		2. Exact name of the Corporation Classic Pizza, Inc.	
3. Principal Office Address 496 Main Rd.		City Tiverton	State RI
		Zip 02878	
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island Sales, - Pizza, Subs, etc...		
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 Manolis Karakatsanis		Vice-President Name Namiki Karakatsanis	
Street Address 24 Roseland Dr.		Street Address 24 Roseland Dr.	
City Tiverton	State RI	Zip 02878	City Tiverton
			State RI
			Zip 02878
Secretary Name Manolis Karakatsanis		Treasurer Name Namiki Karakatsanis	
Street Address SAME		Street Address SAME	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Manolis Karakatsanis		Director Name Namiki Karakatsanis	
Street Address SAME		Street Address SAME	
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
		1000	Common
		PAR VALUE	None
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 Namiki Karakatsanis		FILED	Date 3/11/19
Signature of Authorized Representative 		MAR 20 2019 BY YX331	

MAIL TO:
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