



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

FILED

Annual Report for the year: 2020
Corporation

JAN 15 2020

BY IASOS

- 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 000094969		2. Exact name of the Corporation Nicholas Pasyanos, LTD.			
3. Principal Office Address 2 Toni Lynn Terrace		City Middletown		State RI	Zip 02842
4. NAICS Code 541921		6. Brief description of the character of business conducted in Rhode Island PORTRAIT + WEDDING PHOTOGRAPHY MODRNING RENTAL ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER THE RHODE ISLAND BUSINESS CORPORATION ACT.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicholas Pasyanos			Vice-President Name		
Street Address 2 Toni Lynn Terrace			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
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 <input checked="" type="checkbox"/> 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
		2000		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. <i>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.</i> <input checked="" type="checkbox"/>					
Name of Authorized Representative Nicholas P. Pasyanos				Date 11 Jan 2020	
Signature of Authorized Representative 					