



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

FILED

Annual Report for the year: 2020
Corporation

FEB 03 2020

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 23777 DS

1. Entity ID Number 82840		2. Exact name of the Corporation Bill's Place, Inc.			
3. Principal Office Address 707 Main Street		City West Warwick		State RI	Zip 02893
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To operate a 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 Vasilios Melanis			Vice-President Name Vasiliki Melanis		
Street Address 707 Main Street			Street Address 707 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Mandinia Proyios			Treasurer Name Kristen Melanis		
Street Address 707 Main Street			Street Address 707 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Vasilios Melanis			Director Name		
Street Address 707 Main Street			Street Address		
City West Warwick	State RI	Zip 02893	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	
		None		common	
				PAR VALUE	
				no par	
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 Vasilios Melanis					Date 1/20/2020
Signature of Authorized Representative <i>Vasilios Melanis P.O.A.</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov