



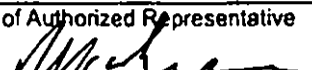

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 OCT 26 P 3:54

1. Entity ID Number 000101022		2. Exact name of the Corporation G & P FOOD SERVICES, INC.					
3. Principal Office Address 606 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02910			
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE DISPENSING OF ALCOHOLIC BEVERAGES AND FOOD, OPERATING AS A BAR AND 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 MICHAEL GIOURAS		Vice-President Name MICHAEL GIOURAS					
Street Address 266 SCITUATE AVENUE, APT. A1		Street Address 266 SCITUATE AVENUE, APT. A1					
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921		
Secretary Name MICHAEL GIOURAS		Treasurer Name MICHAEL GIOURAS					
Street Address 266 SCITUATE AVENUE, APT. A1		Street Address 266 SCITUATE AVENUE, APT. A1					
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921		
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. <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>							
Name of Authorized Representative MICHAEL GIOURAS, PRESIDENT					Date 10/21/20		
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

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FORM 630 - Revised: 10/2017