



State of Rhode Island  
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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS (2021) JAN -4 P 2:17  
RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS (2021) JAN 21 P 3:18

1. Entity ID Number 000699818		2. Exact name of the Corporation Aegean Pizza Corporation			
3. Principal Office Address 1195 Putnam Pike		City Chepachet		State RI	Zip 02814
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island Pizzeria and Deli			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Saad Souleiman			Vice-President Name N/A		
Street Address 12 Belfield Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name Saad Souleiman		
Street Address			Street Address 12 Belfield Dr.		
City	State	Zip	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		0		common	\$00.01
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.					
<b>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.</b>					
Name of Authorized Representative Saad Souleiman				Date 4/1/2021	
Signature of Authorized Representative <i>Saad Souleiman</i>				January 4, 2021	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
JAN 21 2021  
BY CR NB091  
3:25

FORM 630 - Revised: 08/2020