



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2018

## 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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1. Entity ID Number 000699818		2. Exact name of the Corporation Aegean Pizza Corporation		2021 JAN 21 P 3:17		2021 JAN -4 P 2:17						
3. Principal Office Address 1195 Putnam Pike		City Chepachet		State RI		Zip 02814						
4. NAICS Code 722511		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								
Secretary Name				Treasurer Name Saad Souleiman								
Street Address				Street Address 12 Belfield Drive								
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 <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.				10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
				<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>common</td> <td>\$00.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0	common
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.												
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 Saad Souleiman						Date 4/1/21						
Signature of Authorized Representative Saad Souleiman												

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 21 2021

BY MA NBOGT  
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FORM 630 - Revised: 08/2020