



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2015

## 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<br>000699818                                                                                                                                                                                                                  |                                                                                                  | 2. Exact name of the Corporation<br>Aegean Pizza Corporation |                                                                  |                                    |                                                                  |
| 3. Principal Office Address<br>1195 Putnam Pike                                                                                                                                                                                                   |                                                                                                  |                                                              | City<br>Chepachet                                                | State<br>RI                        | Zip<br>02814                                                     |
| 4. NAICS Code<br>722511                                                                                                                                                                                                                           | 6. Brief description of the character of business conducted in Rhode Island<br>Pizzeria and Deli |                                                              |                                                                  |                                    |                                                                  |
| 5. State of Incorporation<br>Rhode Island                                                                                                                                                                                                         |                                                                                                  |                                                              |                                                                  |                                    |                                                                  |
| 7. List ALL officers (names and addresses)                                                                                                                                                                                                        |                                                                                                  |                                                              |                                                                  |                                    | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br>Saad Souleiman                                                                                                                                                                                                                  |                                                                                                  |                                                              | Vice-President Name<br>NA                                        |                                    |                                                                  |
| Street Address<br>12 Belfield Drive                                                                                                                                                                                                               |                                                                                                  |                                                              | Street Address                                                   |                                    |                                                                  |
| City<br>Johnston                                                                                                                                                                                                                                  | State<br>RI                                                                                      | Zip<br>02919                                                 | City                                                             | State                              | Zip                                                              |
| Secretary Name                                                                                                                                                                                                                                    |                                                                                                  |                                                              | Treasurer Name<br>Saad Souleiman                                 |                                    |                                                                  |
| Street Address                                                                                                                                                                                                                                    |                                                                                                  |                                                              | Street Address<br>12 Belfield Drive                              |                                    |                                                                  |
| City                                                                                                                                                                                                                                              | State                                                                                            | Zip                                                          | City<br>Johnston                                                 | State<br>RI                        | Zip<br>02919                                                     |
| 8. List ALL directors (names and addresses)                                                                                                                                                                                                       |                                                                                                  |                                                              |                                                                  |                                    | 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                                                |                                    |                                                                  |
| This information is currently of record in the Department of State.                                                                                                                                                                               |                                                                                                  |                                                              | Check the box to indicate an attachment <input type="checkbox"/> |                                    |                                                                  |
| Changes require an additional filing.                                                                                                                                                                                                             |                                                                                                  |                                                              | NUMBER OF SHARES<br>0                                            | CLASS/SERIES<br>common             | PAR VALUE<br>\$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<br>Saad Souleiman                                                                                                                                                                                               |                                                                                                  |                                                              |                                                                  | Date<br>4/1/21 SS                  |                                                                  |
| Signature of Authorized Representative<br>Saad Souleiman                                                                                                                                                                                          |                                                                                                  |                                                              |                                                                  | FILED January 4 <sup>th</sup> 2021 |                                                                  |

## MAIL TO:

Division of Business Services

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JAN 21 2021

BY MR. PBOYT  
3:20

FORM 630 - Revised: 08/2020