



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2013  
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			
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 Saad Souleiman			Treasurer Name Saad Souleiman		
Street Address 12 Belfield Drive			Street Address 12 Belfield Dr.		
City Johnston	State RI	Zip 02919	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;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			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 4/1/21	
Signature of Authorized Representative Saad Souleiman				FILED 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

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