



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation** \_\_\_\_\_

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

**FILED**  
 STATE  
 FEB 22 2021

BY [Signature]

1. Entity ID Number 9819		2. Exact name of the Corporation Mels Lunch, Inc			
3. Principal Office Address 25 Broadway			City Newport	State RI	Zip 02840
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Food dispensing and restaurant operation.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Steve James Mellekas			Vice-President Name James G Mellekas		
Street Address 8 Almy Court			Street Address 5 Nicol Ter		
City Newport	State RI	Zip 02840	City Newport	State R.I.	Zip 02840
Secretary Name			Treasurer Name Steve James Mellekas		
Street Address			Street Address 8 Almy Court		
City	State	Zip	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Steve James Mellekas			Director Name Estratia Mellekas		
Street Address 8 Almy Court			Street Address 5 Nicol Ter		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name			Director Name Asimakis G Mellekas		
Street Address			Street Address 5 Nicol Ter		
City	State	Zip	City Newport	State R.I.	Zip 02840
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
		400		COMMON	NO PAR
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 Steven James Mellekas				Date 2/15/2021	
Signature of Authorized Representative <u>[Signature]</u>					

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