RI SOS Filing Number: 202193291450 Date: 2/26/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED
FEB 26 2021
B _____

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.

1. Entity ID Number	2. Exact name of the Corporation			
104522	ACM RESTAURANT INC.			
3. Principal Office Address		City	State	Zip
770-772 Hope Street		Providence	RI	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	Restaurant			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Athanasios Meltsakos			None		
Street Address			Street Address		
5 Pine Avenue					
City	State	Zip	City	State	Zip
Barrington	RI	02806			
Secretary Name			Treasurer Name		
Lena Zafiriades			Lena Zafiriades		
Street Address			Street Address		
5 Pine Avenue			5 Pine Avenue		
City	State	Zip	City	State	Zip
Barrington	RI	02806	Barrington	RI	02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Athanasios Meltsakos			Lena Zafiriades		
Street Address			Street Address		
5 Pine Avenue			5 Pine Avenue		
City	State	Zip	City	State	Zip
Barrington	RI	02806	Barrington	RI	02806
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par Value

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	Date
Athanasios Meltsakos	

Signature of Authorized Representative

X

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

FORM 630 - Revised: 08/2020