RI SOS Filing Number: 202194997900 Date: 3/26/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 26 2021
BY

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
1671456	**Kostas Corporation**

3. Principal Office Address	City	State	Zip
1370 Mineral Spring Avenue	**North Providence**	**RI**	**02904**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	**Operation of a restaurant.**
5. State of Incorporation: **Rhode Island**	

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

President Name: **Sotirios Katsaras**			Vice-President Name:		
Street Address: **4 Murphy Court**			Street Address:		
City: **North Providence**	State: **RI**	Zip: **02911**	City:	State:	Zip:
Secretary Name: **Sotirios Katsaras**			Treasurer Name: **Sotirios Katsaras**		
Street Address: **4 Murphy Court**			Street Address: **4 Murphy Court**		
City: **North Providence**	State: **RI**	Zip: **02911**	City: **North Providence**	State: **RI**	Zip: **02911**

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

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**2000**	**CNP**	**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.

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
Sotirios Katsaras, President	2/7/21

Signature of Authorized Representative: Sotirios Katsaras — SIGN DOCUMENT HERE

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: 10/2017