



State of Rhode Island and Providence Plantations
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

MAR 26 2021

BY

1. Entity ID Number 117065		2. Exact name of the Corporation NMMG Restaurant, Inc.			
3. Principal Office Address 625 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island The sale of food and beverage.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicholas E. Sifakis			Vice-President Name Gregory Sifakis		
Street Address 625 Warwick Avenue			Street Address 625 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Maria Sifakis			Treasurer Name Emmanuel Sifakis		
Street Address 625 Warwick Avenue			Street Address 625 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SES		
			100	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.					
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 MARIA SIFAKIS				Date 1/25/2021	
Signature of Authorized Representative <i>Maria Sifakis</i>				SIGN DOCUMENT HERE	

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