

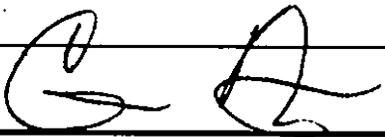


State of Rhode Island  
**Department of State - Business Services Division**

**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**  
 MAR 25 2021  
 20194

1. Entity ID Number 000102816		2. Exact name of the Corporation TIMMY'S RESTAURANT, INC.			
3. Principal Office Address 644 W SHORE ROAD		City WARWICK		State RI	Zip 02889
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RETAIL SALE OF FOOD AND BEVERAGE			
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 CONSTANTINE PANTELEAKIS			Vice-President Name CONSTANTINE PANTELEAKIS		
Street Address 95 HARVARD AVENUE			Street Address 95 HARVARD AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name CONSTANTINE PANTELEAKIS			Treasurer Name CONSTANTINE PANTELEAKIS		
Street Address 95 HARVARD AVENUE			Street Address 95 HARVARD AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
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			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.			NJMRFR OF SHARES		PAR VAL JL
			500	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 CONSTANTINE PANTELEAKIS				Date 03/22/2021	
Signature of Authorized Representative 					

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