RI SOS Filing Number: 202196308560 Date: 5/6/2021 4:00:00 PM

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

FILED STAMP
MAY 06 2021
FOR SECRETARY OF STATE USE ONLY
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			
000011444	**Silver Lake Pizza, Inc.**			
3. Principal Office Address		City	State	Zip
180A Pocasset Ave.		**Providence**	**RI**	**02909**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722513	**Pizza Restaurant**			
5. State of Incorporation				
Rhode Island				

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

President Name **Andronikos Fidas**			Vice-President Name **Andronikos Fidas**		
Street Address **180A Pocasset Ave.**			Street Address		
City **Providence**	State **RI**	Zip **02909**	City	State	Zip
Secretary Name **Andronikos Fidas**			Treasurer Name **Andronikos Fidas**		
Street Address **180A Pocasset Ave.**			Street Address **180A Pocasset Ave.**		
City **Providence**	State **RI**	Zip **02909**	City **Providence**	State **RI**	Zip **02909**

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

Director Name **Andronikos Fidas**			Director Name		
Street Address **180A Pocasset Ave.**			Street Address		
City **Providence**	State **RI**	Zip **02909**	City	State	Zip
Director Name			Director Name		
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
100	**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: **Andronikos Fidas**

Date: 5/3/21

Signature of Authorized Representative: Andronikos Fidas 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