



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2022**  
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**

STAMP

APR 05 2022

BY 2022

1. Entity ID Number <b>1707258</b>		2. Exact name of the Corporation <b>Ourania Voulgari Inc.</b>	
3. Principal Office Address <b>20 NEWMAN AVENUE UNIT 1313</b>		City <b>Rumford</b>	State <b>RI</b>
		Zip <b>02916</b>	
4. NAICS Code <b>722513</b>	6. Brief description of the character of business conducted in Rhode Island <b>Domestic Profit Corporation</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>Ourania Voulgari</b>		Vice-President Name	
Street Address <b>20 NEWMAN AVENUE UNIT 1313</b>		Street Address	
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	
Secretary Name <b>Ourania Voulgari</b>		Treasurer Name <b>Ourania Voulgari</b>	
Street Address <b>20 NEWMAN AVENUE UNIT 1313</b>		Street Address <b>20 NEWMAN AVENUE UNIT 1313</b>	
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	
8. List ALL directors (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	CNP
			NO PAR
Changes require an additional filing.			
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. <input checked="" type="checkbox"/>			
Name of Authorized Representative <b>Ourania Voulgari President</b>		Date <b>03/07/2022</b>	
Signature of Authorized Representative		SIGN DOCUMENT HERE	