



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2023

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 23 2023

STAMP

1594 02

1. Entity ID Number 2035		2. Exact name of the Corporation BASIL'S PIZZA, INC.			
3. Principal Office Address 1441 Park Avenue		City Cranston	State RI	Zip 02920	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island Operation of a restaurant.				
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 Basilios K. Tsimikas			Vice-President Name Basilios K. Tsimikas		
Street Address 1270 Cranston Street			Street Address 1270 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Basilios K. Tsimikas			Treasurer Name Basilios K. Tsimikas		
Street Address 1270 Cranston Street			Street Address 1270 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Basilios K. Tsimikas			Director Name None		
Street Address 1270 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Basilios K. Tsimikas				Date 02/11/23	
Signature of Authorized Representative 				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