



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

MAR 09 2023
 10367 R

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000139277		2. Exact name of the Corporation LIKOVRSI CORPORATION			
3. Principal Office Address 218 MAIN STREET			City HARRISVILLE	State RI	Zip 02830
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island FAST FOOD RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NIKOLAOS CHALIKIADAKIS			Vice-President Name CHRYSOULA CHALIKIADAKIS		
Street Address 216 MAIN STREET			Street Address 216 MAIN STREET		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NIKOLAOS CHALIKIADAKIS			Director Name CHRYSOULA CHALIKIADAKIS		
Street Address 216 MAIN STREET			Street Address 216 MAIN STREET		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
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/SERIES	
		1000		CNP	
				PAR VALUE	
				0	
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 NIKOLAOS CHALKIADAKIS					Date 3/7/23
Signature of Authorized Representative 					