



**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

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

**STAMP**

RECEIVED  
RI DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <b>141033</b>		2. Exact name of the Corporation <b>Famous Lefas Pizza, Inc.</b>				2023 MAR 23 P 3:10	
3. Principal Office Address <b>1738 Main Street</b>				City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>To operate, maintain and carry on a restaurant business</b>					
5. State of Incorporation <b>Rhode Island</b>							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>Elias D. Lefas</b>				Vice-President Name <b>Elias D. Lefas</b>			
Street Address <b>1738 Main Street</b>				Street Address <b>1738 Main Street</b>			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>		
Secretary Name <b>Elias D. Lefas</b>				Treasurer Name <b>Elias D. Lefas</b>			
Street Address <b>1738 Main Street</b>				Street Address <b>1738 Main Street</b>			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>Elias D. Lefas</b>				Director Name			
Street Address <b>1738 Main Street</b>				Street Address			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	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.			NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
			<b>100</b>		<b>Common</b>	<b>No Par Value</b>	
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 <b>Elias D. Lefas</b>					Date <b>3-22-2023</b>		
Signature of Authorized Representative 					<b>MAR 23 2023</b>		

**FILED 310**

**BY 3852**