State of Rhode Island
Department of State - Business Services Division

FILED
MAY 01 2023
BY 3520

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.

1. Entity ID Number	2. Exact name of the Corporation		
104522	ACM RESTAURANT INC.		
3. Principal Office Address	City	State	Zip
770-772 HOPE STREET	PROVIDENCE	RI	02906
4. NAICS Code: 722511	6. Brief description of the character of business conducted in Rhode Island: RESTAURANT		
5. State of Incorporation: RI			

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

President Name	Vice-President Name
Athanasios Meltsakos	None
Street Address: 5 Pine Avenue	Street Address:
City: Barrington, State: RI, Zip: 02806	City: , State: , Zip:
Secretary Name: Lena Zafiriades	Treasurer Name: Lena Zafiriades
Street Address: 5 Pine Avenue	Street Address: 5 Pine Avenue
City: Barrington, State: RI, Zip: 02806	City: Barrington, State: RI, Zip: 02806

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

Director Name	Director Name
Athanasios Meltsakos	Lena Zafiriades
Street Address: 5 Pine Avenue	Street Address: 5 Pine Avenue
City: Barrington, State: RI, Zip: 02806	City: Barrington, State: RI, Zip: 02806
Director Name: None	Director Name: None
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	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	Date
Athanasios Meltsakos	4-25-23
Signature of Authorized Representative: X	

MAIL TO:
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