



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 15 2024

BY 2002

1. Entity ID Number 505069		2. Exact name of the Corporation ARJK, INC.			
3. Principal Office Address 616 SMITHFIELD AVE			City LINCOLN	State RI	Zip 02865
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name IOANNIS KATTIS			Vice-President Name ANGELIKI KRISTINA RETSINAS		
Street Address 616 SMITHFIELD AVE			Street Address 616 SMITHFIELD AVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name IOANNIS KATTIS			Treasurer Name ANGELIKI KRISTINA RETSINAS		
Street Address 616 SMITHFIELD AVE			Street Address 616 SMITHFIELD AVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			100	COMMON	NO PAR
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 IOANNIS KATTIS				Date ✓ 02-12-2024	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov