



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

MAR 05 2024

BY 24166

1. Entity ID Number 16819		2. Exact name of the Corporation Wein-O-Rama, Inc.			
3. Principal Office Address 1009 Oaklawn Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Operating a Resturant			
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 George Sotirakos			Vice-President Name Ernest Sotirakos		
Street Address 22 Azalea Drive			Street Address 9 Falcon Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name George Sotirakos			Treasurer Name Ernest Sotirakos		
Street Address 22 Azalea Drive			Street Address 9 Falcon Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name George Sotirakos			Director Name Ernest Sotirakos		
Street Address 22 Azalea Drive			Street Address 9 Falcon Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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/STOCKS		
			300	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 George M Sotirakos				Date 2/5/24	
Signature of Authorized Representative <u>George M Sotirakos</u>				2/5/24	

## MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021