



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 APR 24 AM 11:31:21

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.

1. Entity ID Number <b>61755</b>		2. Exact name of the Corporation <b>Classic Pizza, Inc.</b>	
3. Principal Office Address <b>496 Main Rd</b>		City <b>Tiverton</b>	State <b>RI</b>
		Zip <b>02878</b>	
4. NAICS Code <b>722513</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sals - Pizza, Subs, etc...</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>Manolis Karkatsanis</b>		Vice-President Name <b>Manolis Karkatsanis</b>	
Street Address <b>24 Roseland Dr.</b>		Street Address <b>24 Roseland Dr.</b>	
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Tiverton</b>
Secretary Name <b>Manolis Karkatsanis</b>		Treasurer Name <b>Manolis Karkatsanis</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City	State	Zip	City
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>Manolis Karkatsanis</b>		Director Name <b>Manolis Karkatsanis</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>4000</b>	CLASS/SERIES <b>Common</b>
			PAR VALUE <b>None</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>Manolis Karkatsanis</b>		Date <b>4/19/24</b>	
Signature of Authorized Representative 			

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 24 2024  
BY: ML 8587