



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

MAY 01 2024

BY

1359

DS

1. Entity ID Number 1718575		2. Exact name of the Corporation Tony's Pizza Palace of Cranston, Inc.												
3. Principal Office Address 531 Pontiac Avenue			City Cranston	State RI	Zip 02910									
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island SALE OF FOOD AND BEVERAGES												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Paraskevi Mantzos			Vice-President Name Smaro Mantzos											
Street Address 65 Basil Crossing			Street Address 65 Basil Crossing											
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921									
Secretary Name Artemis MANTZOS			Treasurer Name											
Street Address 339 Phenix Avenue			Street Address											
City Cranston	State RI	Zip 02920	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	0.00			
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100	CNP	0.00												
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. <u>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.</u>														
Name of Authorized Representative Paraskevi Mantzos					Date 4/4/24									
Signature of Authorized Representative <i>Paraskevi Mantzos</i>														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040