



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 03 2024

BY

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DS

1. Entity ID Number 795854		2. Exact name of the Corporation SAM'S NEW YORK SYSTEM, INC.			
3. Principal Office Address 6 FREEBORNE STREET			City WARWICK	State RI	Zip 02889
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island FOOD AND BEVERAGE SALES			
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 PETER XIARHOS			Vice-President Name GEORGE S. XIARHOS		
Street Address 6 FREEBORNE STREET			Street Address 6 FREEBORNE STREET		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	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 PETER XIARHOS					Date 5/26/24
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
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