



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

Annual Report for the year: **2024**

Corporation _____

MAY 14 2024
BY 193
DS

- 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 000102816	2. Exact name of the Corporation TIMMY'S RESTAURANT, INC
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3. Principal Office Address 644 WEST SHORE ROAD	City WARWICK	State RI	Zip 02889
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4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island RESTAURANT
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CONSTANTINE PANTELEAKIS			Vice-President Name CONSTANTINE PANTELEAKIS		
Street Address 95 HARVARD AVE			Street Address 95 HARVARD AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name CONSTANTINE PANTELEAKIS			Treasurer Name CONSTANTINE PANTELEAKIS		
Street Address 95 HARVARD AVE			Street Address 95 HARVARD AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889

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.	NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.	500	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 CONSTANTINE PANTELEAKIS	Date 05/09/24
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Signature of Authorized Representative

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