



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 STAMP

MAY 14 2024
BY 193 DS

1. Entity ID Number 000102816		2. Exact name of the Corporation TIMMY'S RESTAURANT, INC									
3. Principal Office Address 644 WEST SHORE ROAD			City WARWICK	State RI	Zip 02889						
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 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.			10. Shares Issued								
			<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>500</td><td>COMMON</td><td>NO PAR</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	COMMON	NO PAR
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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						
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