



State of Rhode Island
Department of State - Business Services Division

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24 MAY 29 PM 2:04:32

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 001741658		2. Exact name of the Corporation TTLE Restaurant, Inc.			
3. Principal Office Address 949 Willett Avenue		City Riverside		State RI	Zip 02915
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island operate a full service pizza parlor			
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 Athanasios Meltsakos			Vice-President Name Lena Zafiriades		
Street Address 949 Willett Avenue			Street Address 949 Willett Avenue		
City Riverside		State RI	Zip 02915	City Riverside	
State RI		Zip 02915		State RI	
Zip 02915					
Secretary Name Lena Zafiriades			Treasurer Name Athanasios Meltsakos		
Street Address 949 Willett Avenue			Street Address 949 Willett Avenue		
City Riverside		State RI	Zip 02915	City Riverside	
State RI		Zip 02915		State RI	
Zip 02915					
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Athanasios Meltsakos			Director Name Lena Zafiriades		
Street Address 949 Willett Avenue			Street Address 949 Willett Avenue		
City Riverside		State RI	Zip 02915	City Riverside	
State RI		Zip 02915		State RI	
Zip 02915					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		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		
			NUMBER OF SHARES	CLASS/SLRIES	PAR VALUE
			100	XNP	0
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 Athanasios Meltsakos				Date 5.21.24	
Signature of Authorized Representative				FILED	

MAY 20 2024

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

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