State of Rhode Is Department of St	REC 24 JI								
Annual Report for the year: 2024 Corporation							CO RI		
→ Filing period: February 1 - Ma	y 1						RIDOS 13 FH 1:		
→ Filing Fee: \$50.00							DOS 850		
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							88		
							~~		
1. Entity ID Number	2. Exact name o	f the Corporation AINFIELD PIKE	T.FASTN	IG CORP					
3. Principal Office Address	City			State	Zip				
375 BROADWAY			MENANDS		NY	12204			
4. NAICS Code 447100	6. Brief descripti	on of the character of bus	iness conduct	ed in Rhode Island					
5. State of Incorporation									
PI		VEN ITEMS		Ch	ack the box	v to indica	te an attachment		
	7. List ALL officers (names and addresses)				Check the box to indicate an attachment Vice-President Name				
President Name Demetr	Street Address								
Street Address PUDIC SQUARE			Street Modifies						
"Samerset	State	zip 42501	City		State		Zip		
Secretary Name			Treasurer Name						
Street Address			Street Address						
City	State	Zip	City		State	7	Zip		
8. List ALL directors (names and	l addressas)		!	Ch	ck the box	to indical	te an attachment		
Director Name	. 4441-445-57		Director Nan	ne					
Street Address			Street Address						
City	State	Zip	City		State	2	<u></u>		
Director Name	Director Name								
Street Address	Street Address								
City	State	Zip	City		State	Z	ip		
9. Shares Authorized	10. Shares Issued	Check the b			ox to indicate an attachment				
This information is currently of	NUMBER OF SH	ARES	CLASS/SERIES		PAR VALUE				
Department of State.	100)							
Changes require an additional	Ning.			- Mile remention	a in the hor	nde of B to			
11. This report must be executed ceiver or trustee, this report must	on behalf of the co	poration by an authorized helf of the compretion by	representativ the receiver of	g, ir (rie corporation i r trustee.	9 (I) UIO 1481				
Under penalty of perjury, I of	leciare and affin	m that I have examine	d this repo	t, including any (ccompar	nying sc	hedules and		
statements, and that all stat	ements contain	ed herein ere true and	d correct.						
Name of Authorized Representative					Da	ate 			
Signature of Authorized Represer DEMETRIOS HASEOT					. <u>.</u>		<u>,, , , , , , , , , , , , , , , , , , ,</u>		
MAIL TO: Division of Business Services 148 W. River Street, Providence. I Phone: (401) 222-3040		MADE NON-SUBSTA		JUN 1 3 201	24 2018	4			
Website: www.sos.ri gov	OOS MADE	EDITS PER FILI	ER	BATAIL	<u> </u>	FORM	630 - Revised: 04/2023		

RI DOS MADE EDITS PER FILER