RI SOS Filing Number: 202564665200 Date: 2/6/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

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
FEB 06 2025
BY

1. Entity ID Number	2. Exact name of the Corporation
000139277	LIKOVRISI CORPORATION

3. Principal Office Address	City	State	Zip
218 MAIN STREET	HARRISVILLE	RI	02830

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	FAST FOOD RESTAURANT
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
NIKOLAOS CHALIKIADAKIS	216 MAIN STREET	HARRISVILLE	RI	02830

Vice-President Name	Street Address	City	State	Zip
CHRYSOULA CHALIKIADAKIS	216 MAIN STREET	HARRISVILLE	RI	02830

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
NIKOLAOS CHALIKIADAKIS	216 MAIN STREET	HARRISVILLE	RI	02830

Director Name	Street Address	City	State	Zip
CHRYSOULA CHALIKIADAKIS	216 MAIN STREET	HARRISVILLE	RI	02830

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CNP	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	Date
NIKOLAOS CHALKIADAKIS	2-1-2025

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

FORM 630 - Revised: 11/2021