



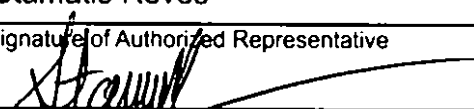
State of Rhode Island
Department of State - Business Services Division

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
MAR 20 2025
BY 1065B

1. Entity ID Number 001763159		2. Exact name of the Corporation Antonio's SK, Inc.				
3. Principal Office Address 7610 Post Road - Unit #2			City North Kingstown	State RI	Zip 02852	
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant				
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 Stamatis Reves			Vice-President Name			
Street Address 100 Exchange Street, Suite 1602			Street Address			
City Providence	State RI	Zip 02903	City	State	Zip	
Secretary Name Stamatis Reves			Treasurer Name Stamatis Reves			
Street Address 100 Exchange Street, Suite 1602			Street Address 100 Exchange Street, Suite 1602			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Stamatis Reves			Director Name			
Street Address 100 Exchange Street, Suite 1602			Street Address			
City Providence	State RI	Zip 02903	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		100	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 Stamatis Reves					Date 2/20/25	
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