



**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 28 2025**  
 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV.

1. Entity ID Number <b>000117334</b>		2. Exact name of the Corporation <b>Agios, Inc.</b>				2025 MAR 28 A 11:01
3. Principal Office Address <b>617 Putnam Pike</b>			City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the restaurant business</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name <b>Panagiota Arseniadis</b>			Vice-President Name <b>Kiriakos Arsoniadis</b>			
Street Address <b>617 Putnam Pike</b>			Street Address <b>617 Putnam Pike</b>			
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	
Secretary Name <b>Panagiota Arseniadis</b>			Treasurer Name <b>Kiriakos Arseniadis</b>			
Street Address <b>617 Putnam Pike</b>			Street Address <b>617 Putnam Pike</b>			
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name <b>Panagiota Arseniadis</b>			Director Name <b>Kiriakos Arsoniadis</b>			
Street Address <b>617 Putnam Pike</b>			Street Address <b>617 Putnam Pike</b>			
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		CLASS/SERIES	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			<b>300</b>	<b>Common</b>	<b>No Par Value</b>	
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. <b>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.</b>						
Name of Authorized Representative <b>Panagiota Arseniadis</b>					Date <b>3/14/2025</b>	
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