

## 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 fèe if form is not filed by May 31.

FILED
MAR 2 8 2025 RECEIVED R.I. DEFT. 0 (000)
R.I. DEPT. OF STORY

Entity ID Number	2. Exact name of the Corporation 7075 MAR 28 A 11: 01							
000117334	Agios, Inc.							
3. Principal Office Address			City		State	•	Zip	
617 Putnam Pike			Chepa	chet	RI		02814	
4. NAICS Code	6. Brief descri	ption of the charact	er of busines	s conducted in Rhoo	le Island			
722511	To engage in the restaurant business							
5. State of Incorporation	1							
Rhode Island								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name Panagiota Arseniadis			Vice-President Name Kiriakos Arsoniadis					
Street Address 617 Putnam Pike			Street Address 617 Putnam Pike					
Chepachet	State RI	<sup>Zip</sup> 02814	City Che	pachet	State	<del></del>	Zip 02814	
Secretary Name Panagiota Ars	eniadis	1		Treasurer Name Kiriakos Arseniadis				
Street Address 617 Putnam Pike			Street Address 617 Putnam Pike					
<sup>City</sup> Chepachet	State RI	<sup>Zip</sup> 02814	City Chepachet		State F	State RI (		
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								
Director Name Panagiota Arseniadis			Director Na <b>Kiri</b> a	Director Name Kiriakos Arsoniadis				
Street Address 617 Putnam Pike			Street Add	Street Address 617 Putnam Pike				
<sup>City</sup> Chepachet	State RI	<sup>Zip</sup> 02814	City Che		Sinto	રા	<sup>Ζiρ</sup> 02814	
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Issu						
This information is currently of record in the Department of State.  Changes require an additional filing.		300	S-ARES	Common		No Par Value		
11. This report must be executed of	on behalf of the	corporation by an a	uthorized rec	I presentative. If the co	orporation is i	n the hand	ds of a re-	
ceiver or trustee, this report must t	<u>se executed on l</u>	behalf of the corpor	ation 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 / /								
Panagiota Arseniadis					3/14/2025			
Signature of Authorized Representative								

MÁIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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