RI SOS Filing Number: 202570780490 Date: 4/14/2025 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
APR 14 2025
BY 1738

Annual Report for the year: 2025
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
694266	**Metaxia Inc.**

3. Principal Office Address	City	State	Zip
239 Lake Drive	**West Greenwich**	**RI**	**02817**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	**To conduct business of a restaurant.**
5. State of Incorporation: **RI**	

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

President Name **Metaxia Zarokostas**			Vice-President Name		
Street Address **239 Lake Drive**			Street Address		
City **West Greenwich**	State **RI**	Zip **02817**	City	State	Zip
Secretary Name			Treasurer Name **Metaxia Zarokostas**		
Street Address			Street Address **239 Lake Drive**		
City	State	Zip	City **West Greenwich**	State **RI**	Zip **02817**

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

Director Name **Metaxia Zarokostas**			Director Name		
Street Address **239 Lake Drive**			Street Address		
City **West Greenwich**	State **RI**	Zip **02817**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
100	**Common**	**No par value**

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
Metaxia Zarokostas	4-10-2025

Signature of Authorized Representative: Metaxia Zarokostas SIGN ABOVE LINE HERE

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: 10/2017