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	Vice-President Name
Metaxia Zarokostas	
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	Director Name
Metaxia Zarokostas	
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: **Metaxia Zarokostas**

Date: 4-10-2025

Signature of Authorized Representative: Metaxia Zarokostas SIGN ABOVE IN THIS 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