State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation		
001741658	TTLE Restaurant, Inc.		
3. Principal Office Address	City	State	Zip
949 Willett Avenue	Riverside	RI	02915
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
722511	operate a full service pizza parlor		
5. State of Incorporation			
Rhode Island			

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

President Name	Street Address	City	State	Zip
Athanasios Meltsakos	949 Willett Avenue	Riverside	RI	02915

Vice-President Name	Street Address	City	State	Zip
Lena Zafiriades	949 Willett Avenue	Riverside	RI	02915

Secretary Name	Street Address	City	State	Zip
Lena Zafiriades	949 Willett Avenue	Riverside	RI	02915

Treasurer Name	Street Address	City	State	Zip
Athanasios Meltsakos	949 Willett Avenue	Riverside	RI	02915

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

Director Name	Street Address	City	State	Zip
Athanasios Meltsakos	949 Willett Avenue	Riverside	RI	02915

Director Name	Street Address	City	State	Zip
Lena Zafiriades	949 Willett Avenue	Riverside	RI	02915

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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	XNP	$1.00

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
Athanasios Meltsakos	4-11-25

Signature of Authorized Representative

FILED

APR 15 2025

BY 24346

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov