



State of Rhode Island
Department of State - Business Services Division

FILED

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.

APR 24 2025

BY

2163

1. Entity ID Number 2035		2. Exact name of the Corporation BASIL'S PIZZA, INC.			
3. Principal Office Address 1441 Park Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of a restaurant.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Basilios K. Tsmikas			Vice-President Name Basilios K. Tsmikas		
Street Address 1270 Cranston Street			Street Address 1270 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Basilios K. Tsmikas			Treasurer Name Basilios K. Tsmikas		
Street Address 1270 Cranston Street			Street Address 1270 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Basilios K. Tsmikas			Director Name NONE		
Street Address 1270 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name NONE			Director Name NONE		
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS-SERIES	
				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 BASILIOS K. TSMIKAS				Date 4/21/25	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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