



State of Rhode Island
Department of State - Business Services Division

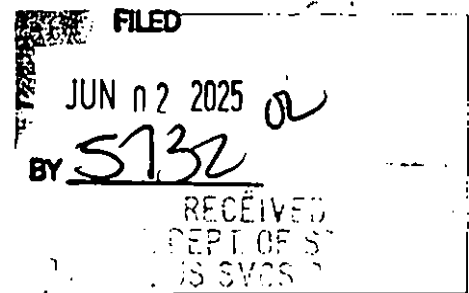
Annual Report for the year: 2025

Corporation

→ Filing period February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entry ID Number 147		2. Exact name of the Corporation AKR Corporation				2025 JUN -2 P 4:09	
3. Principal Office Address 200 Pleasant View Avenue				City Smithfield	State RI	Zip 02917	
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island 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 Paraskevi Revis				Vice-President Name			
Street Address 200 Pleasant View Avenue				Street Address			
City Smithfield	State RI	Zip 02917					
Secretary Name Paraskevi Revis				Treasurer Name Paraskevi Revis			
Street Address 200 Pleasant View Avenue				Street Address 200 Pleasant View Avenue			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>							
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 100	CLASS/SE RIES Common	PAR VALUE No Par		
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 Paraskevi Revis, President					Date 4-30-25		
Signature of Authorized Representative Paraskevi Revis							

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov