



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

Annual Report for the year: 2019
 Corporation

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 SEP -6 AM 11:44

1. Entity ID Number 000522917		2. Exact name of the Corporation Woonsocket Palace Pizza, Inc.	
3. Principal Office Address 33 Patton Rd		City Woonsocket	State RI
		Zip 02895	
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island Limited service Restaurant Pizza Parlor + Subs.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nikos Michalopoulos		Vice-President Name Eleni Michalopoulos	
Street Address 33 Patton Rd		Street Address 33 Patton Rd	
City Woonsocket	State RI	City Woonsocket	State RI
Secretary Name Eleni Michalopoulos		Treasurer Name Nikos Michalopoulos	
Street Address 33 Patton Rd		Street Address 33 Patton Rd	
City Woonsocket	State RI	City Woonsocket	State RI
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	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES 4000	CLASS/SERIES Common
Changes require an additional filing.			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 Nikos Michalopoulos			Date 8/10/19
Signature of Authorized Representative Nikos Michalopoulos			

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

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