



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

FEB 24 2023

4847

**STAMP**  
 FOR SECRETARY OF STATE USE ONLY

- 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 <b>92723</b>		2. Exact name of the Corporation <b>Andreas Holdings, Inc.</b>			
3. Principal Office Address <b>41 High Gate Road</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>541611</b>		6. Brief description of the character of business conducted in Rhode Island <b>To offer business and consulting services to any type of entity or individual</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Andreas Andreopoulos</b>			Vice-President Name <b>Marie Andreopoulos</b>		
Street Address <b>41 High Gate Road</b>			Street Address <b>41 High Gate Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Andreas Andreopoulos</b>			Treasurer Name <b>Marie Andreopoulos</b>		
Street Address <b>41 High Gate Road</b>			Street Address <b>41 High Gate Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBR OF SHARES		PAR VALUE
			CLASS/SERIES		
			<b>100</b>	<b>Common</b>	<b>No Par Value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Andreas Andreopoulos</b>					Date <b>2-23-23</b>
Signature of Authorized Representative <i>Andreas Andreopoulos</i>					

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