



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

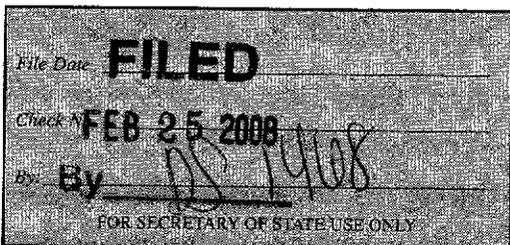
A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 57202		2. Name of Corporation TRIAD PIZZA, INC.			
3. Street Address Principal Business Office 250 Mendon Road			City Cumberland	State RI	Zip 02864-0000
4. Business Phone No.		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Eno			Vice President Name John Eno		
Street Address 250 Mendon Road			Street Address 250 Mendon Road		
City Cumberland	State RI	Zip 02864-	City Cumberland	State RI	Zip 02864-
Secretary Name John Eno			Treasurer Name John Eno		
Street Address 250 Mendon Road			Street Address 250 Mendon Road		
City Cumberland	State RI	Zip 02864-	City Cumberland	State RI	Zip 02864-
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Eno			Director Name none		
Street Address 250 Mendon Road			Street Address none		
City Cumberland	State RI	Zip 02864-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000	Common	No Par	100	Common	No Par
			THIS SECTION MUST BE COMPLETED		

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.

Signature: [Signature] Date: 1/07/08
Print or Type Name: John Eno
Title: President