



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
401.222.3049

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. 150302		2. Name of Corporation Kingston Pizza of Westerly, Inc			
3. Street Address Principal Business Office 40 Carriage Lane			City Kingston	State RI	Zip 02881
4. Business Phone No. 401-782-6816		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Restaruant, Caterers.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ina M Sciabarrasi			Vice President Name Samuel R Sciabarrasi		
Street Address 40 Carriage Lane			Street Address 40 Carriage Lane		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Samuel R Sciabarrasi			Treasurer Name Ina M Sciabarrasi		
Street Address 40 Carriage Lane			Street Address 40 Carriage Lane		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("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
600 No par value			200	common	No Par

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.

FILED

File Date FEB 27 2009
By 1407
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Ina M Sciabarrasi 2/27/08
Signature Date
Ina M Sciabarrasi
Print or Type Name
President
Title