



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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. <u>105307</u> | | 2. Name of Corporation <u>WARREN HOUSE OF PIZZA, INC.</u> | | | |
| 3. Street Address Principal Business Office <u>464 MAIN STREET</u> | | | City <u>WARREN</u> | State <u>RI</u> | Zip <u>02885</u> |
| 4. Business Phone No. <u>(401) 247-0230</u> | | 5. State of Incorporation <u>RHODE ISLAND</u> | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island <u>TO OPERATE A RESTAURANT, TO SERVE FOOD AND BEVERAGES</u> | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name <u>APOSTOLOS ZAFIRIADIS</u> | | | Vice President Name <u>MARIA ANTONIADIS</u> | | |
| Street Address <u>464 MAIN STREET</u> | | | Street Address <u>464 MAIN STREET</u> | | |
| City <u>WARREN</u> | State <u>RI</u> | Zip <u>02885</u> | City <u>WARREN</u> | State <u>RI</u> | Zip <u>02885</u> |
| Secretary Name <u>APOSTOLOS ZAFIRIADIS</u> | | | Treasurer Name <u>MARIA ANTONIADIS</u> | | |
| Street Address <u>SEE ABOVE</u> | | | Street Address <u>SEE ABOVE</u> | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| 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 |
| <u>1000</u> | <u>Common</u> | <u>No Par</u> | <u>100</u> | <u>Common</u> | <u>No Par</u> |
| | | | 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.

FILED

File Date MAR 31 2008
Check No. DS10582
By [Signature]

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.

Signature: [Signature] Date: 2-28-08
Print or Type Name: APOSTOLOS ZAFIRIADIS
Title: PRESIDENT