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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.	2. Name of Corporation			
159362	Original Crispy Pizza Crust Co. of Boston, Inc.			
3. Street Address Principal Business Office		City	State	Zip
13 Blackstone Valley Place		Lincoln	RI	02865
4. Business Phone No.	5. State of Incorporation			
401-333-9558	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To manufacture, prepare, buy, sell, export, distribute and deal in pizza products.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Joseph L. Anzaldi					
Street Address			Street Address		
13 Blackstone Valley Place					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Secretary Name			Treasurer Name		
Joseph L. Anzaldi			Joseph L. Anzaldi		
Street Address			Street Address		
13 Blackstone Valley Place			13 Blackstone Valley Place		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Joseph L. Anzaldi					
Street Address			Street Address		
13 Blackstone Valley Place					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	$.01	4,500	Common	$.01
			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.

[redacted]

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 3/14/08 Date

Joseph L. Anzaldi
Print or Type Name

[redacted] President
Title

FILED
File Date MAR 31 2008
Check No.
By: By 53049
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Form 630 Rev. 12/06

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