



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) 222-3030

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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(c), 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)(1)) is subject to a penalty fee of \$25.00

1. Corporate ID No. 53557		2. Name of Corporation Mezza Luna Pizzeria, Inc.			
3. Street Address Principal Business Office 14 Eddie Dowling Highway			City North Smithfield	State RI	Zip 02896
4. Business Phone No. (401) 766-1237		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Sale of pizza, food and dispensing alcoholic beverages					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stefanie J. Lachance			Vice President Name Stefanie J. Lachance		
Street Address 14 Eddie Dowling Highway			Street Address 14 Eddie Dowling Highway		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Stefanie J. Lachance			Treasurer Name Stefanie J. Lachance		
Street Address 14 Eddie Dowling Highway			Street Address 14 Eddie Dowling Highway		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stefanie J. Lachance			Director Name None		
Street Address 14 Eddie Dowling Highway			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
			Number of Shares 100 Shares	Class/Series Common	Par Value No-Par Value

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.

File Date	FILED
Check No.	FEB 18 2009
By	By 10009
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: Stefanie J. Lachance 2/16/09
Date: 2/16/09
Print or Type Name: Stefanie J. Lachance
Title: President