

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 OF THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

ung Periou: January 1 - N In accordance with R.I.G.L. 7 w (R.I.G.L. 7-1.2-1501(c&d))	-1.2-1501(e), each cor	rporation failing or refusing	to file its annual report	t within thirty (30) days afte	er the time prescribed by
Corporate ID No.	2. Name of Corporation	F Pizza.	<u> </u>		7/4
Street Address Principal Business	office MEND on	road	wanial	Cet State RI	09898
Business Phone No.		5. State of Incorporation	eTSland		
Brief <u>Description</u> of the Character	of Business Conducted in	n Rhode Island			
NAMES AND ADDRESSE	ant s of the officer	S: ("X" BOX FOR ATTAC	<i>HMENT)</i> 🗌 FILL IN	SPACES BEFORE USING	ATTACHMENTS
esident Name			Vice President Name		
reet Address	7 1 0 ·	- 2 - 1	Street Address		
104 15en	state	Zip	City	State	Zip
Surville		09830	Treasurer Name		
Secretary Name			George Yousit		
Street Address			155 Cherry Street		
ity	State	Zip	City	Care	Zip
NAMES AND ADDRESSE	 :S OF THE DIRECT(ORS: ("X" BOX FOR ATTA	CHMENT) FILL	(M H IN SPACES BEFORE USIN	G ATTACHMENTS
iractor Name	<u> </u>		Director Name	Vousit	
TONIDAYO		<u>sostouidis</u>	Street Address	- 70K311	(.~
104 Bene	<u></u>	ca d	(b\$5 C	Spare Str	et 3
Bunillatte	State	02830	monthau	MA	O\$ 09 30
Director Name			Director Name		
Street Address			Street Address		
Tity	State	Zip	City	State	
). SHARES AUTHORIZED	("X" BOX FOR AT	 TACHMENT) [D ("X" BOX FOR ATTAC SECTION <u>MUST</u> BE COMPLETED	-
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3000		MoporValue	100	Nonvalu	IE
				ľ	
This report must be execut	ed on behalf of the c	corporation by an authorize	d representative. If the	e corporation is in the hand	ds of a receiver or trustee,
his report must be execute	d on behalf of the co	orporation by the receiver of	or trustee.		
			Under penalty	of perjury, I declare and affirm accompanying schedules and s	that I have examined this re
F11 EF	7			in are true and correct.	
File Date FILE		_	The	~ // _/	7/76/0 Date
Check No. MAR 05 2	109		Signature /	co to to	paie · · · ·
5 1 AD			Print or Type No	sine Four St.	
FOR SECRETARY OF	STATE USE ONLY		Awn	er	
FOR SECRETARY OF	STALE USE CIVET		Title		Form 630 Rev. 12/06