



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 2010

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. 111166		2. Name of Corporation Campus Pizza, Inc.			
3. Street Address Principal Business Office 9 Mount Pleasant Avenue			City Providence	State RI	Zip 02908
4. Business Phone No. (401) 272-3456		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To conduct and operate a restaurant Pizza House and/or Cafe Business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Pamelia Karageorgos			Vice President Name Steven Karageoros		
Street Address 43 Conifer Drive			Street Address 43 Conifer Drive		
City North Prov.	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Pamelia Karageorgos			Treasurer Name Steven Karageorgos		
Street Address as above			Street Address as above		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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 2000 Comm No Par Value			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 400	Class/Series Common	Par Value 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.

File Date FILED
Check No. JAN 08 2010
By: 1650
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.

Pamela Karageorgos Res. 1/6/10
Signature Date
Pamelia Karageorgos
Print or Type Name
President
Title