

Check No.

FOR SECRETARY OF STATE USE ONLY

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. 7-1.2-150).

subject to a penalty fee of \$25.00.		aing or rejusing to jue us ann	uat report within thirty (30) au	ys after the time prescribed by L	dw (R.I.G.L. /-1,2-1301(c&d)) is
1. Corporate ID No. 231862	2. Name of Corporation PIZZA BROTHERS, INC.				
3. Street Address Principal Business Office 258 GREENVILLE AVENUE			JOHNSTON	State RI	Zip 02919
		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Restaurant	f Business Conducted in R	bode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN S	SPACES BEFORE USING	ATTACHMENTS
Peter Tavarozzi			Paul Tavarozzi		
Street Address 258 Greenville Ave.			Street Address Same		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Paul Tavarozzi			Treasurer Name Peter Tavarozzi		
Street Address Same			Street Address Same		
City	State	Zip	Сиу	State	Zip
8. NAMES AND ADDRESSES	I OF THE DIRECTORS	I S: ("X" BOX FOR ATI	: <i>TACHMENT)</i>	 SPACES BEFORE USIN	I IG ATTACHMENTS
Director Name N/A			Director Name N/A		
Street Address			Street Address		
Сиу	State	Zip	City	State	74 S S S S S S S S S S S S S S S S S S S
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	CHy	State	Zip So so
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.			Number of Shares	Class/Series	Par Value
			100	common	0.01
This report must be executed this report must be executed of	on behalf of the corporate of the corpor	oration by an authorize	ed representative. If the coor trustee.	orporation is in the hand	ds of a receiver or trustee,
_			<u>_</u>		
		FILE	Under penalty of n	criury. I declare and affirm	that I have examined this report
		e di Sim Bass L	including any acco	empanying schedules and st	atements, and that all statement
File Date		FEB 08 20)10 Contained herein a	re true and correct.	7-2-10

110483

Form 630 Rev. 08/08

Date