



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  
401.222.3010

**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. 124042		2. Name of Corporation PIZZA PIE-ER Franchise Systems, Inc.			
3. Street Address Principal Business Office 374-376 WICKENDEN ST.			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4013513663		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of franchising gourmet pizza establishments					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bahman Jalili			Vice President Name Bahman Jalili		
Street Address 374-376 Wickenden St.			Street Address 374-376 Wickenden St		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Bahman Jalili			Treasurer Name Bahman Jalili		
Street Address 374-376 Wickenden St			Street Address 374-376 Wickenden St		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bahman Jalili			Director Name		
Street Address 374-376 Wickenden St.			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <b>MUST</b> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			2,000 Authorized	CNP	0.00
	100 Issued	CNP	0.00		

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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.

FILED

File Date MAR 01 2010

Check No. \_\_\_\_\_

By: BY 112568

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.

3-1-10

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Bahman Jalili**

Print or Type Name

**President**

Title