RI SOS Filing Number: 201060810710 Date: 03/23/2010 4:00 PM

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.	2. Name of Corporation			
000089196	SERIO'S PIZZARAMA & RESTAURANT INC			
3. Street Address Principal Business Office		City	State	Zip
405 CHURCH STREET		BURRILLVILLE	RI	02859
4. Business Phone No.	5. State of Incorporation			
401-568-7187	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
FAMILY RESTAURANT & PIZZA

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
JAMES P PONTE	934 REYNOLDS ROAD	CHEPACHET	RI	02814

Vice President Name	Street Address	City	State	Zip
SAME				

Secretary Name	Street Address	City	State	Zip
SAME				

Treasurer Name	Street Address	City	State	Zip
SAME				

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Addres	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES UTHORIZED

This ir[illegible] is currently of record in the Office of the Secretary of Stat[illegible] require an additional filing. See Section 9 of inst[illegible]et.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	CNP	0
200	CNP	0

THIS SECTION MUST BE COMPLETED

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.

[redacted] [redacted]

FILED
File Date MAR 23 2010
Check No. BY 1083
By:
FOR SECRETARY OF STATE USE ONLY
45326-7-498428

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 3-15-10
Date

JAMES PONTE
Print or Type Name

PRES
Title

[redacted]

Form 630 Rev. 08/08