



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
150 South Main Street
Providence, Rhode Island 02903
(401) 272-2100

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(c), 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) shall be subject to a penalty fee of \$25.00.

1. Corporate ID No. 000507741		2. Name of Corporation FABRIZI FAST FOOD INC.			
3. Name and Address of Principal Office 107 OXFORD STREET			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-942-3966		5. State of Incorporation RI			
6. Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LUIGI FABRIZI			Vice President Name NONE		
Street Address 107 OXFORD STREET			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LUIGI FABRIZI			Director Name NONE		
Street Address 107 OXFORD STREET			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 100 SHARES			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 MUST BE COMPLETED		
			Number of Shares 100	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.

FILED
File Date **MAR 18 2011**
Check No. **1093**
By **MNC**
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.

Signature **[Signature]** Date **3-16-11**
Print or Type Name **LUIGI FABRIZI**
Title **President**