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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

**Filing Period:** January 1 - March 1 • **This report must be typed or printed legibly.**
**Filing Fee:** $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID No. | 2. Exact name of the Corporation |
|---|---|
| 000132876 | TOTI'S PIZZA PALACE,INC |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| 622 CENTRAL AVENUE | PAWTUCKET | RI | 02861 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 401-722-1200 | RHODE ISLAND |

6. Brief description of the character of business conducted in Rhode Island
SALES OF FOOD &BEVERAGES DISPENCING FOOD&SPIRITS

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ANTOINE F IMAD | 6 NATE WHIPPLE HIGHWAY, APARTMENT 203 | CUMBERLAND | RI | 02864 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ANTOINE F IMAD | 6 NATE WHIPPLE HIGHWAY, APARTMENT 203 | CUMBERLAND | RI | 02864 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ANTOINE F IMAD | 6 NATE WHIPPLE HIGHWAY, APARTMENT 203 | CUMBERLAND | RI | 02864 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ANTOINE F IMAD | 6 NATE WHIPPLE HIGHWAY, APARTMENT 203 | CUMBERLAND | RI | 02864 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☑

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ANTOINE F IMAD | 6 NATE WHIPPLE HIGHWAY, APARTMENT 203 | CUMBERLAND | RI | 02864 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

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CORPORATIONS DIV

| 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 |
| | 1000 | STK | 0.00 |
| | | | |

*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
MAR 29 2012

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY 16763

**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.**

Antoine F Imad 03/27/2012
Signature of Authorized Representative — Date

ANTOINE F IMAD — PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

75008-25-738947