



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 2012

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. 128974		2. Name of Corporation G & F PIZZA, INC.			
3. Street Address Principal Business Office 282-284 MENDON ROAD			City WOONSOCKET	State RI	Zip 02898
4. Business Phone No. 401-769-2020		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FARIDA YOUSIF CHRISTOSTOMIDIS			Vice President Name		
Street Address 104 BENEDICT ROAD			Street Address		
City BURRILLVILLE	State RI	Zip 02830	City	State	Zip
Secretary Name			Treasurer Name GEORGE YOUSIF		
Street Address			Street Address 155 CHERRY STREET		
City	State	Zip	City WRENTHAM	State MASS	Zip 02093
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name FARIDA YOUSIF CHRISTOSTOMIDIS			Director Name GEORGE YOUSIF		
Street Address 104 BENEDICT ROAD			Street Address 155 CHERRY STREET		
City BURRILLVILLE	State RI	Zip 02830	City WRENTHAM	State MASS	Zip 02903
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 MUST BE COMPLETED		
			Number of Shares 100	Class Series	Par Value
					0

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.

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: *George Yousif* Date: 12/15/11
 Print or Type Name: George Yousif
 Title: Treasurer

FILED ✓

File Date: _____
 Check No.: AUG 07 2012
 By: BY Cm 176446
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