



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 2013

**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. <b>513678</b>		2. Name of Corporation <b>JIM'S DELI &amp; PIZZA CORP.</b>			
3. Street Address Principal Business Office <b>957 WEST MAIN ROAD</b>			City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
4. Business Phone No. <b>401-619-2704</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OPERATE RESTAURANT</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>AGIM JAZAJ</b>			Vice President Name <b>AGIM JAZAJ</b>		
Street Address <b>957 WEST MAIN ROAD</b>			Street Address <b>957 WEST MAIN ROAD</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>AGIM JAZAJ</b>			Treasurer Name <b>AGIM JAZAJ</b>		
Street Address <b>957 WEST MAIN ROAD</b>			Street Address <b>957 WEST MAIN ROAD</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <b>10</b>	Class Series <b>COMMON</b>	Par Value <b>NO PAR</b>

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**

**JAN 09 2013**

File Date \_\_\_\_\_  
Check No. BY *mnc*  
By: *CA # 1308*  
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 *12/30/12*  
Print or Type Name *mnc*  
Title \_\_\_\_\_