



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

2013

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.

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|--|-------------|--|---|-------------|--------------|
| 1. Entity ID No. 43307 | | 2. Exact name of the Corporation CRUSTY'S PIZZA INC | | | |
| 3. Principal office address 70 SUMMIT DRIVE | | | City CRANSTON | State RI | Zip 02920 |
| 4. Business Phone No. 401-4637333 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island PIZZA RESTAURANT | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name CHRISTODOULOS ANDRIOTIS | | | Vice-President Name | | |
| Street Address 70 SUMMIT DRIVE | | | Street Address | | |
| City CRANSTON | State RI | Zip 02920 | City | State | Zip |
| Secretary Name BETTY ANDRIOTIS | | | Treasurer Name | | |
| Street Address 70 SUMMIT DRIVE | | | Street Address | | |
| City CRANSTON | State RI | Zip 02920 | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| 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. | | | | | |
| NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| 500 | | S/K | | 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.

File Date _____

Check No _____

By: _____

FILED

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.

Christodoulos Andriotis 1-14-3
 Signature of Authorized Representative Date

CHRISTODOULOS ANDRIOTIS
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY JAN 14 2013

Form No. 630
 Revised: 01/2012

BY 187433
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