



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.

1. Entity ID No. 82172		2. Exact name of the Corporation Kraft Pizza Company			
3. Principal office address Three Lakes Drive		City Northfield		State IL	Zip 60093
4. Business Phone No. 847-646-3178		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Manufacture and distribution of food products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony W. Vernon			Vice-President Name James Kehoe		
Street Address Three Lakes Drive			Street Address Three Lakes Drive		
City Northfield	State IL	Zip 60093	City Northfield	State IL	Zip 60093
Secretary Name			Treasurer Name Darin Aprati		
Street Address Three Lakes Drive			Street Address Three Lakes Drive		
City Northfield	State IL	Zip 60093	City Northfield	State IL	Zip 60093
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dino Bianco			Director Name Marc G. Swanson		
Street Address Three Lakes Drive			Street Address Three Lakes Drive		
City Northfield	State IL	Zip 60093	City Northfield	State IL	Zip 60093
Director Name Kim K.W. Rucker			Director Name		
Street Address Three Lakes Drive			Street Address		
City Northfield	State IL	Zip 60093	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
			0		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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 25 2013

BY

10639117

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 of Authorized Representative

Marc G. Swanson, Sr. Dir. Corp. Tax

Print or Type Name of Authorized Representative

1/21/13
Date