RI SOS Filing Number: 201435561630 Date: 02/13/2014 4:00 PM

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 2014

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		
83312	THE NORTH END PIZZERIA, INC.		
3. Principal office address: 3030 EAST MAIN ROAD	City: PORTSMOUTH	State: RI	Zip: 02871
4. Business Phone No.: 401-683-6633	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: TO OPERATE A RESTAURANT, PIZZERIA, SELL FOOD PRODUCTS			

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

	President Name	Street Address	City	State	Zip
	GORDON SCOTT SINCLAIR, JR.	191 IMMOKOLEE DRIVE	PORTSMOUTH	RI	02871
	Vice-President Name	Street Address	City	State	Zip
	LUCILLE L. SINCLAIR	191 IMMOKOLEE DRIVE	PORTSMOUTH	RI	02871
	Secretary Name	Street Address	City	State	Zip
	LUCILLE L. SINCLAIR	191 IMMOKOLEE DRIVE	PORTSMOUTH	RI	02871
	Treasurer Name	Street Address	City	State	Zip
	GORDON SCOTT SINCLAIR, JR.	191 IMMOKOLEE DRIVE	PORTSMOUTH	RI	02871

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

	Director Name	Street Address	City	State	Zip
	N/A				
	Director Name	Street Address	City	State	Zip
	N/A				
	Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR

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
FEB 13 2014
BY 0007683

File Date
Check No
By:
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 of Authorized Representative — Date

GORDON SCOTT SINCLAIR, JR., PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
102824-37-942445