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			
43307	CRUSTY'S PIZZA INC			
3. Principal office address: 70 SUMMIT DR	City: CRANSTON	State: RI	Zip: 02920	
4. Business Phone No.: 463 7333	5. State of Incorporation: RHODE ISLAND			
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) ☐

President Name: CHRISTODOULOS ANDRIOTIS			Vice-President Name		
Street Address: 70 SUMMIT DR			Street Address		
City: CRANSTON	State: RI	Zip: 02920	City	State	Zip
Secretary Name: BETTY ANDRIOTIS			Treasurer Name		
Street Address: 70 SUMMIT DR			Street Address		
City: CRANSTON	State: RI	Zip: 02920	City	State	Zip

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

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: 500 NO PAR VALUE	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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**
	NONE		

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.

FOR SECRETARY OF STATE USE ONLY
File Date _____
Check No _____
By: _____

FILED
MAY 28 2014
BY M225036

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 5-28-14
Signature of Authorized Representative — Date

CHRISTODOULOS ANDRIOTIS
Print or Type Name of Authorized Representative

2014 MAY 28 AM 10:06 STATE CORPORATIONS DIV

Form No. 630
Revised: 01/2012