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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
795687	**M.C.'s PIZZA, INC.**

3. Principal office address	City	State	Zip
68 TAUNTON AVENUE	**EAST PROVIDENCE**	**RI**	**02914**

4. Business Phone No.	5. State of Incorporation
(401) 228-7212	**RHODE ISLAND**

6. Brief description of the character of business conducted in Rhode Island
TO OPERATE A PIZZA AND SANDWICH RETAIL RESTAURANT

2014 JUL -9 AM 10:58

7. LIST ALL OFFICERS NAMES AND ADDRESSES / X BOX FOR ATTACHMENT ☐

President Name	Street Address	City	State	Zip
MANUEL J. PEREIRA	**49 METACOMET AVENUE**	**RUMFORD**	**RI**	**02916**

Vice-President Name	Street Address	City	State	Zip
EMILIA PEREIRA	**49 METACOMET AVENUE**	**RUMFORD**	**RI**	**02916**

Secretary Name	Street Address	City	State	Zip
EMILIA PEREIRA	**49 METACOMET AVENUE**	**RUMFORD**	**RI**	**02916**

Treasurer Name	Street Address	City	State	Zip
MANUEL J. PEREIRA	**49 METACOMET AVENUE**	**RUMFORD**	**RI**	**02916**

8. LIST ALL DIRECTORS NAMES AND ADDRESSES / X BOX FOR ATTACHMENT ☐

Director Name	Street Address	City	State	Zip
MANUEL J. PEREIRA	**49 METACOMET AVENUE**	**RUMFORD**	**RI**	**02916**

Director Name	Street Address	City	State	Zip
EMILIA PEREIRA	**49 METACOMET AVENUE**	**RUMFORD**	**RI**	**02916**

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. SHARES AUTHORIZED | 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
200 SHARES	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
JUL 09 2014

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: 7/8/14

MANUEL J. PEREIRA — **President**
Print or Type Name of Authorized Representative

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CA 22805

Form No. 630
Revised: 01/2012

109053-10-976979

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CK# 1472