



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

2015

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. 962181		2. Exact name of the Corporation Giuseppe's Pizzeria Bistro, Inc.								
3. Principal office address 19 Smith Avenue			City Greenville	State RI	Zip 02828					
4. Business Phone No. 401-349-3377		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Restaurant										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>										
President Name John G. Sommer			Vice-President Name Joseph A. Saltamachia							
Street Address 90 River Farm Drive			Street Address 132 Tourtelot Hill Road							
City East Greenwich	State RI	Zip 02818	City Chepachet	State RI	Zip 02814					
Secretary Name			Treasurer Name							
Street Address			Street Address							
City	State	Zip	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		
						200	common	\$1.00		

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

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 John G. Sommer Date 3/15/15
 Print or Type Name of Authorized Representative _____

FILED

MAR 18 2015

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