



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

120200

Best Pizza Corp

3. Street Address Principal Business Office

1505 Atwood Ave

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

401-421-9800

5. State of Incorporation

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

Operation of pizza restaurant in RI+MA.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Dennis Haskew

Street Address

256 Olney St

City

State

Zip

Seekonk MA 02771

Secretary Name

None

Street Address

Vice President Name

Nancy Haskew

Street Address

256 Olney St

City

State

Zip

Seekonk MA 02771

Treasurer Name

None

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

2

Class/Series

Par Value

2 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

None

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
MAR 4 2 13 PM '03



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FILED

File Date: MAR 04 2003

Check No.: By: 314463

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 Officer

Date

Print or Type Name of Officer

Title of Officer

5

Form 630 12/02