



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. 980674		2. Exact name of the Corporation Gi Gi's Pizzeria, Inc.		
3. Principal office address 647 Main Ave		City Warwick	State RI	Zip 02886
4. Business Phone No. 401 465-0581		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Pizzeria & Bar				

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

President Name TODD RIZZO			Vice-President Name —		
Street Address 196 River Street Dr.			Street Address —		
City W. Warwick	State RI	Zip 02893	City	State	Zip
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

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

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 CORPORATIONS DIV.
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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
	0		

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

FILED
JUL 08 2015
 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: Todd Rizzo
 Date: 7/8/15