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.	2. Exact name of the Corporation
000768448	FBLJ PIZZA, INC.

3. Principal office address	City	State	Zip
9 PAQUIN RD	BARRINGTON	RI	02806

4. Business Phone No.	5. State of Incorporation
401-573-8892	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
OPERATE A RESTAURANT TO SELL TO THE PUBLIC PIZZA, PIEZONIS, AND OTHER FOOD AND BEVERAGES INCLUDING BEER, WINE AND SOFTDRINKS

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

President Name			Vice-President Name		
LEE R MOGAVERO					
Street Address			Street Address		
9 PAQUIN RD					
City	State	Zip	City	State	Zip
BARRINGTON	RI	02806			
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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JAN 21 AM 10: 45

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CWP	$1

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
JAN 21 2016
By: 265740
A.A. 10:46 A.M.

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.

Lee R. Mogavero — 12/11/15
Signature of Authorized Representative — Date

LEE R MOGAVERO
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
131396-2-1086579