



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 2016

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. 143869		2. Exact name of the Corporation LITTLE COUNTRY PIZZA INC			
3. Principal office address 349 NOOSENECK HILL ROAD			City EXETER	State RI	Zip 02822
4. Business Phone No. 401-397-2551			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island FOOD & BEVERAGE RESTAURANT & CATERING BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VERA BOUTROS			Vice-President Name FARAJ BOUTROS		
Street Address 22A VISTA CIRCLE			Street Address 22A VISTA CIRCLE		
City N KINGSTOWN	State RI	Zip 02852	City N KINGSTOWN	State RI	Zip 02852
Secretary Name VERA BOUTROS			Treasurer Name FARAJ BOUTROS		
Street Address 22A VISTA CIRCLE			Street Address 22A VISTA CIRCLE		
City N KINGSTOWN	State RI	Zip 02852	City N KINGSTOWN	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name VERA BOUTROS			Director Name FARAJ BOUTROS		
Street Address 22A VISTA CIRCLE			Street Address 22A VISTA CIRCLE		
City N KINGSTOWN	State RI	Zip 02852	City N KINGSTOWN	State RI	Zip 02852
Director Name NONE			Director Name NONE		
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
			1000	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.

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.

Vera Boutros Jan 19, 2016
 Signature of Authorized Representative Date
VERA BOUTROS
 Print or Type Name of Authorized Representative

FILED

JAN 21 2016

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