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.	2. Exact name of the Corporation		
143869	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) ☐

President Name			Vice-President Name		
VERA BOUTROS			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) ☐

Director Name			Director Name		
VERA BOUTROS			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

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	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.

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 21 2016
BY KL4319

Form No. 630
Revised: 01/2012