



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. 125244		2. Exact name of the Corporation LNP ENTERPRISES, INC.			
3. Principal office address 549 Broad Street		City Providence	State RI	Zip 02907	RECEIVED SECRETARY OF STATE CORPORATIONS DIV FEB 16 PM 12:51
4. Business Phone No. (401) 861-4700		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own and operate a pizza business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William J. F. Christina		Vice-President Name William J. F. Christina			
Street Address 41 Errol Street		Street Address 41 Errol Street			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name William J. F. Christina		Treasurer Name William J. F. Christina			
Street Address 41 Errol Street		Street Address 41 Errol Street			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William J. F. Christina		Director Name NONE			
Street Address 41 Errol Street		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
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
			100	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: _____

FILED

FEB 16 2016

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

Date

William J. F. Christina

Print or Type Name of Authorized Representative

By: KL 267755