



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. 00071804		2. Exact name of the Corporation PIZZERIA PRODUCTS, INC.			
3. Principal office address 1464 PARK AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. (401) 944-9300			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE, PREPARE AND DISTRIBUTE PIZZA AND PIZZA PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID J. ANGELONE			Vice-President Name VALERIE LYNN ANGELONE		
Street Address 32 SOUTH POND ROAD			Street Address 32 SOUTH POND ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name VALERIE LYNN ANGELONE			Treasurer Name DAVID J. ANGELONE		
Street Address 32 SOUTH POND ROAD			Street Address 32 SOUTH POND ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DAVID J. ANGELONE			Director Name VALERIE LYNN ANGELONE		
Street Address 32 SOUTH POND ROAD			Street Address 32 SOUTH POND ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name			Director Name		
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
			500	COMMON	NO PAR

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 FEB 22 11:58 AM '16

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 22 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] **2/21/16**
 Signature of Authorized Representative Date
DAVID J. ANGELONE
 Print or Type Name of Authorized Representative

By AL 268122