



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. 000147417		2. Exact name of the Corporation MOZZARELLA'S OF EAST GREENWICH, INC			
3. Principal office address 5702 POST ROAD			City EAST GREENWICH	State RI	Zip 02818
4. Business Phone No. 401-884-1009		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JAY H CHELO			Vice-President Name JOSE RIBEIRO		
Street Address 56 SUGARBUSH TRAIL			Street Address 146 LINDEN STREET		
City SAUNDERSTOWN	State RI	Zip 02874	City ATTLEBORO	State MA	Zip 02703
Secretary Name JOSE RIBEIRO			Treasurer Name JAY H CHELO		
Street Address 146 LINDEN STREET			Street Address 56 SUGARBUSH TRAIL		
City ATTLEBORO	State MA	Zip 02703	City SUNDERSTOWN	State RI	Zip 02874
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JAY H CHELO			Director Name JOSE RIBEIRO		
Street Address 56 SUGARBUSH TRAIL			Street Address 146 LINDEN STREET		
City SAUNDERSTOWN	State RI	Zip 02874	City ATTLEBORO	State MA	Zip 02703
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
			1000		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

FILED

FEB 22 2016

By KL10703

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

JAY CHELO

Print or Type Name of Authorized Representative