



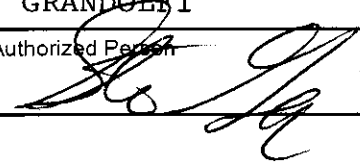
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
159197		POP'S PIZZA, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		RESTAURANT			
5. Principal Office Address		City	State	Zip	
410 KINGSTOWN ROAD		CAROLINA	RI	028112	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name STEVEN M. GRANDOLFI			Contact Title MEMBER		
Street Address 6200 POST ROAD, LOT 33		City NORTH KINGSTOWN	State RI	Zip 02852	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person STEVEN M. GRANDOLFI				Date	
Signature of Authorized Person 				4/6/16	

FILED

APR 08 2016