



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. 000901373 | | 2. Exact name of the Corporation SAINT PAUL CORPORATION | | | |
| 3. Principal office address 11 BENEFIT STREET | | City PAWTUCKET | State RI | Zip 02861 | |
| 4. Business Phone No. 401-475-9229 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island PIZZA ESTABLISHMENT | | | | | |
| OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name RAYMOND SAAD | | | Vice-President Name | | |
| Street Address 380 CLIFTON STREET | | | Street Address | | |
| City ATTLEBORO | State MA | Zip 02703 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name RAYMOND SAAD | | | Director Name | | |
| Street Address 380 CLIFTON STREET | | | Street Address | | |
| City ATTLEBORO | State MA | Zip 02703 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 | |
| 1,000 | | CWP | | 1.00 | |

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 APR - 4 AM 10:01

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

APR 12 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.

Raymond Saad 03/23/16
Signature of Authorized Representative Date

RAYMOND SAAD

Print or Type Name of Authorized Representative

BY 12/3 RS