



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					
7. 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
8. 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
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
			1,000	CWP	1.00

RECEIVE
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2016 APR - 4 AM 11:01

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.

FILED
 APR 12 2016
 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

BY 12/3 RS RAYMOND SAAD
 Print or Type Name of Authorized Representative