



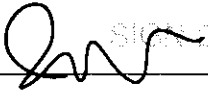
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

Profit Corporation Annual Report for the year: **2015**

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID Number 000543579		2. Exact name of the Corporation La Strada Wood Fired Pizza, Inc.	
3. Principal Office Address 920 Matunuck Beach Road		City Wakefield	State RI
4. Business Phone Number 401-533-2-2019		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Restaurant - pizza, brunch, cafe			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nicholas T. Schneider		Vice-President Name Jennifer L. Olbrich	
Street Address 142 Newton Street, Apt. 2R		Street Address 142 Newton Street, Apt 2R	
City Brooklyn	State NY	Zip 11222	City Brooklyn
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	STK
		PAR VALUE	.01
11. 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. 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.			
Name of Authorized Representative Jennifer L. Olbrich		Date 5/2/2016	
Signature of Authorized Representative 			

FILED

MAY 03 2016

By **213490**
A.A. 2:57p.m.