



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

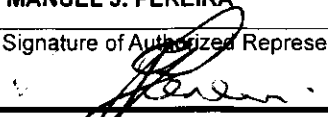
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 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

2017 JAN 13 PM 3:08

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 795687		2. Exact name of the Corporation M.C.'s PIZZA, INC.			
3. Principal Office Address 68 TAUNTON AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A PIZZA AND SANDWICH RETAIL RESTAURANT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MANUEL J. PEREIRA			Vice-President Name N/A		
Street Address 68 TAUNTON AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name MANUEL J. PEREIRA			Treasurer Name MANUEL J. PEREIRA		
Street Address 68 TAUNTON AVENUE			Street Address 68 TAUNTON AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MANUEL J. PEREIRA			Director Name N/A		
Street Address 68 TAUNTON AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200 SHARES		COMMON	\$0.01
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. <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 Representative MANUEL J. PEREIRA (President)				Date 1/11/2017	
Signature of Authorized Representative 				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 13 2017

BY MA 293193 FORM 630 - Revised: 10/2016