



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

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 2659		2. Exact name of the Corporation Boston House of Pizza, Inc.			
3. Principal Office Address 540-542 TAUNTON AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 72 - Accommodation and Fo		6. Brief description of the character of business conducted in Rhode Island PIZZA AND 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 PHAEDRA KOLOGY			Vice-President Name MARK KOLOGY		
Street Address 12 LOGAN DRIVE			Street Address 12 LOGAN DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name STEVEN KARAGEOGE			Treasurer Name PHAEDRA KOLOGY		
Street Address 76 WEST BARROWS STREET			Street Address 12 LOGAN DRIVE		
City CUMBERLAND	State RI	Zip 02864	City LINCOLN	State RI	Zip 02865
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	State	Zip
Director Name			Director Name		
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
		201		COMMON	\$0.00
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 PHAEDRA KOLOGY				Date 1/20/17	
Signature of Authorized Representative <i>Phaedra Kology</i>				SIGN DOCUMENT HERE	

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

FILED
JAN 23 2017
 BY *22104*
 FORM 630 - Revised: 10/2016