



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 83312		2. Exact name of the Corporation THE NORTH END PIZZERIA, INC.	
3. Principal Office Address 3030 EAST MAIN ROAD		City PORTSMOUTH	State RI
		Zip 02871	
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RESTAURANT, PIZZERIA, SELL FOOD PRODUCTS		
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 GORDON SCOTT SINCLAIR, JR.		Vice-President Name GORDON SCOTT SINCLAIR, JR.	
Street Address 3030 EAST MAIN ROAD		Street Address 3030 EAST MAIN ROAD	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		Zip 02871	
Secretary Name GORDON SCOTT SINCLAIR, JR.		Treasurer Name GORDON SCOTT SINCLAIR, JR.	
Street Address 3030 EAST MAIN ROAD		Street Address 3030 EAST MAIN ROAD	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		Zip 02871	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		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	
		100	COMMON
			NO PAR
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 GORDON SCOTT SINCLAIR, PRESIDENT			Date 2-20-17
Signature of Authorized Representative 			FILED
			FEB 23 2017

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY Jack 10363