| State o                                                                                                              | of Rhode Island an<br>Office of the Se    |                              |                    | ns Fee: \$50.00          |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------|--------------------|--------------------------|
| HOPE                                                                                                                 | Division Of B<br>148 W. R<br>Providence F | usiness Serv<br>Liver Street | ices               |                          |
| Business Corporation<br>Annual Report<br>Filing Period: January 1 - March 1                                          |                                           |                              |                    |                          |
| In accordance with R.I.G.L. 7-1.2-1<br>annual report within thirty (30) days<br>(c&d)) is subject to a penalty fee o | s after the time prescrib                 |                              |                    |                          |
| ANNUAL REPORT YEAR: 2017                                                                                             |                                           |                              |                    |                          |
| 1. Corporate ID No. 000082                                                                                           | 2487                                      |                              |                    |                          |
| 2. Name of Corporation <u>ROS</u> A                                                                                  | ARIO'S PIZZERIA, I                        | NC.                          |                    |                          |
| 3. Street Address Principal Bus                                                                                      | iness Office:                             |                              |                    |                          |
| No. and Street: <u>40 CARRI</u><br>City or Town: <u>KINGSTC</u>                                                      | IAGE LANE<br>DN                           | State: <u>RI</u>             | Zip: <u>02881</u>  | Country: <u>USA</u>      |
| 4. Business Phone No.                                                                                                |                                           |                              |                    |                          |
| 5. State of Incorporation                                                                                            |                                           |                              |                    |                          |
| State: <u>RI</u>                                                                                                     |                                           |                              |                    |                          |
|                                                                                                                      | ARTICL                                    | E III.                       |                    |                          |
| Using the following NAICS codes                                                                                      | , please select the code                  | e that best d                | escribes your busi | ness.                    |
| NAICS Code                                                                                                           |                                           |                              | 6                  | <u>72</u>                |
| 6. Brief Description of the Char                                                                                     | acter of Business Cor                     | nducted in F                 | Rhode Island       |                          |
|                                                                                                                      |                                           |                              |                    |                          |
| PREPARATION AND SELLI                                                                                                | NG OF FOOD AND                            | BEVERAG                      | ES.                |                          |
| 7. Names and Addresses of the                                                                                        | Officers and Director                     | s:                           |                    |                          |
| All officers and directors mu<br>Incorporator is no longer ap                                                        |                                           |                              | ectors have beer   | n elected, the title     |
| Title                                                                                                                | Individual Name                           | e                            | Addı               | ress                     |
| PRESIDENT                                                                                                            | First, Middle, Last, Suf                  |                              | -                  | State, Zip Code, Country |
|                                                                                                                      |                                           |                              | KINGSTON, R        | -                        |

| corporation is in the hands of a receiver or trust<br>corporation by the receiver or trustee.<br>Signed this 2 Day of March, 2017 at 11:27:35 A<br>ndividuals signing this instrument constitutes the<br>signatory, under penalties of perjury, that this ins<br>act and deed of the corporation, and that the fact<br>electronic filing, in compliance with R.I. Gen. Law                          | tee, this report must<br>M. This electronic st<br>e affirmation or ackn<br>strument is that indiv<br>ts stated herein are t | be executed on b<br>ignature of the in<br>owledgement of<br>idual's act and d | oehalf of the<br>adividual of<br>the<br>leed or the |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Corporation by the receiver or trustee.</b><br><b>Signed this 2 Day of March, 2017 at 11:27:35 A</b><br><i>Individuals signing this instrument constitutes the</i><br><i>signatory, under penalties of perjury, that this ins</i><br><i>act and deed of the corporation, and that the fact</i><br><i>electronic filing, in compliance with R.I. Gen. Law</i><br><b>By</b> <u>INA SCIABARRASI</u> | tee, this report must<br>M. This electronic st<br>e affirmation or ackn<br>strument is that indiv<br>ts stated herein are t | be executed on b<br>ignature of the in<br>owledgement of<br>idual's act and d | oehalf of the<br>adividual of<br>the<br>leed or the |
| Signature of Authorized Representative of the Co                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                                                                               |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                     | orporation                                                                                                                  |                                                                               |                                                     |
| Form No. 630<br>Revised 09/07                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             |                                                                               |                                                     |