



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 129474		2. Exact name of the Corporation Aloha Pizza, Inc.			
3. Principal Office Address 10 Hickory Road			City Coventry	State RI	Zip 02816
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Management, operation and control of a 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 Marco P. Oliveira			Vice-President Name Marco P. Oliveira		
Street Address 10 Hickory Road			Street Address 10 Hickory Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Marco P. Oliveira			Treasurer Name Marco P. Oliveira		
Street Address 10 Hickory Road			Street Address 10 Hickory Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marco P. Oliveira			Director Name		
Street Address 10 Hickory Road			Street Address		
City Coventry	State RI	Zip 02816	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		
			1,000	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 Marco P. Oliveira				Date 2/27/17	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

MAR 02 2017

BY

8443

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

FORM 630 - Revised: 10/2016