



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

Annual Report for the year: 2017
 Corporation

STAMP

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

FOR

1. Entity ID Number 312380		2. Exact name of the Corporation TOP THIS! PIZZA CRUST, INC.			
3. Principal Office Address PO Box 6044			City Providence	State RI	Zip 02940
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Pizza crust manufacturer			
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 Roger M. Dwyer			Vice-President Name Roger M. Dwyer		
Street Address 182 Ferry Landing Circle			Street Address 182 Ferry Landing Circle		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Roger M. Dwyer			Treasurer Name Roger M. Dwyer		
Street Address 182 Ferry Landing Circle			Street Address 182 Ferry Landing Circle		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Roger M. Dwyer			Director Name		
Street Address 182 Ferry Landing Circle			Street Address		
City Portsmouth	State RI	Zip 02871	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
			75,000	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. <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 Roger M. Dwyer					Date 3-7-17
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

MAR 09 2017

BY 1555 DS

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