



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

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Annual Report for the year: 2015
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-------|--|-----------------------------|-----------------------|---------------------|
| 1. Entity ID Number 000164071 | | 2. Exact name of the Limited Liability Company ALEX PIZZA LLC | | | |
| 3. NAICS Code 44-45 - Retail Trade | | 4. Brief description of the character of business conducted in Rhode Island RESTAURANT | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 1013 MAIN STREET | | | City WEST WARWICK | State RI | Zip 02893 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name HARATUN AVAKYAN | | | Contact Title MEMBER | | |
| Street Address 82 BRIARHILL DRIVE | | | City CRANSTON | State RI | Zip 02921 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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 Person HARATUN AVAKYAN | | | | Date 3/9/17 | |
| Signature of Authorized Person <i>X Haratun Avakyan</i> | | SIGN DOCUMENT HERE | | | |

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BY Ch 297886

MAIL TO:
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