RI SOS Filing Number: 201753820910 Date: 11/22/2017 12:39:00 PM

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

Annual Report for the year: 2018
Corporation

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 NOV 22 PM 12:37

1. Entity ID Number	2. Exact name of the Corporation		
108534	Leo's Pizzeria and Deli Inc.		
3. Principal Office Address	City	State	Zip
365 Hope St.	Bristol	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
722513	a family style restaurant with catering.		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Paul Mancieri	Adriana Faria
Street Address	Street Address
6 Howe St #1	6 Howe St. #1
City / State / Zip	City / State / Zip
Bristol / RI / 02809	Bristol / RI / 02809
Secretary Name	Treasurer Name
—	—
Street Address	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
—	→
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		CNP

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	Date
Paul Mancieri	11/22

Signature of Authorized Representative

FILED

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

12:39 NOV 22 2017 318164
BY

FORM 630 - Revised: 08/2017