RI SOS Filing Number: 201753821250 Date: 11/22/2017 12:38:00 PM

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

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

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	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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

12:38 NOV 22 2017
BY 318164

FORM 630 - Revised: 08/2017