



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 71804	2. Name of Corporation PIZZERIA PRODUCTS, INC.		
3. Street Address Principal Business Office 1464 PARK AVENUE	City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4019449300	5. State of Incorporation RHODE ISLAND	6. SIC Code 3079	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO MANUFACTURE, PREPARE AND DISTRIBUTE PIZZA AND PIZZAPRODUCTS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name David J. Angelone	Vice President Name Valerie L. Angelone
Street Address 34 South Pond Road	Street Address 34 South Pond Road
City Coventry	City Coventry
State RI	State RI
Zip 02816	Zip 02816
Secretary Name Valerie L. Angelone	Treasurer Name David J. Angelone
Street Address 34 South Pond Road	Street Address 34 South Pond Road
City Coventry	City Coventry
State RI	State RI
Zip 02816	Zip 02816

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name David J. Angelone	Director Name Valerie L. Angelone
Street Address 34 South Pond Road	Street Address 34 South Pond Road
City Coventry	City Coventry
State RI	State RI
Zip 02816	Zip 02816
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			500	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



7 1 8 0 4

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.

Signature of Officer

Date

David J. Angelone

Print or Type Name of Officer

President

Title of Officer

71804 DBC 03/23/05 12:12:48 PM

File Date 2-15-05

Check No. 1029

By: 2

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

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3. Street Address Principal Business Office 1464 PARK AVENUE		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 4019449300		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, PREPARE AND DISTRIBUTE PIZZA AND PIZZAPRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)					
President Name David J. Angelone			Vice President Name Valerie L. Angelone		
Street Address 34 South Pond Road			Street Address 34 South Pond Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Valerie L. Angelone			Treasurer Name David J. Angelone		
Street Address 34 South Pond Road			Street Address 34 South Pond Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)					
Director Name David J. Angelone			Director Name Valerie L. Angelone		
Street Address 34 South Pond Road			Street Address 34 South Pond Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			500	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED



ATG 24 2004

mc
M42302

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.

Signature of Officer

Date

David J. Angelone

Print or Type Name of Officer

President

Title of Officer

71804 DBC 06/18/04 02:20:52 PM

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *71804*		2. Name of Corporation PIZZERIA PRODUCTS, INC.			
3. Street Address Principal Business Office 1464 PARK AVENUE		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 4019449300		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, PREPARE AND DISTRIBUTE PIZZA AND PIZZAPRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS OF THE CORPORATION (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)					
President Name David J. Angelone		Vice President Name Valerie L. Angelone			
Street Address 34 South Pond Road		Street Address 34 South Pond Road			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02916
Secretary Name Valerie L. Angelone		Treasurer Name David J. Angelone			
Street Address 34 South Pond Road		Street Address 34 South Pond Road			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS OF THE CORPORATION (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)					
Director Name David J. Angelone		Director Name Valerie L. Angelone			
Street Address 34 South Pond Road		Street Address 34 South Pond Road			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			500	common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 8 0 4 *

71804 DBC4/29/039:23:19 AM

File Date 5-23-03

Check No. 9012

By: KML

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer
David J. Angelone
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 71804 2. Name of Corporation PIZZERIA PRODUCTS, INC.
3. Street Address Principal Business Office City State Zip
1464 Park Avenue Cranston RI 02920
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 944-9300 RHODE ISLAND 3079
7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Vice President Name
David J. Angelone Valerie L. Angelone
Street Address Street Address
1464 Park Avenue 1464 Park Avenue
City State Zip City State Zip
Cranston RI 02920 Cranston RI 02920
Secretary Name Treasurer Name
Valerie L. Angelone David J. Angelone
Street Address Street Address
1464 Park Avenue 1464 Park Avenue
City State Zip City State Zip
Cranston RI 02920 Cranston RI 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Director Name
David J. Angelone Valerie L. Angelone
Street Address Street Address
1464 Park Avenue 1464 Park Avenue
City State Zip City State Zip
Cranston RI 02920 Cranston RI 02920
Director Name Director Name
Street Address Street Address
City State Zip City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
500 common no par

RECEIVED
SECRETARY OF STATE
JUN 26 12 41 PM '02

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 8 0 4 *

File Date: 8/26/2002

Check No.: 8592

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date: 8/25/02

David J. Angelone

Print or Type Name of Officer

President

Title of Officer

5



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71804** 2. Name of Corporation **PIZZERIA PRODUCTS, INC.**

3. Street Address Principal Business Office
1464 Park Avenue
City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 944-9300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5079**

7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name David Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920 Secretary Name Valerie L. Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920	Vice President Name Valerie L. Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920 Treasurer Name David Angelone Street Address 1464 Park avenue City Cranston State RI Zip 02920
---	--

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name David Angelone Street Address 1464 Park avenue City Cranston, RI State RI Zip 02920	Director Name Valerie L. Angelone Street Address 1464 Park avenue City Cranston State RI Zip 02920
--	---

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 8 0 4 *

File Date: 10-18-01

Check No.: 7847

By: AMF

FOR SECRETARY OF STATE USE ONLY

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.

David Angelone 6/11/01
Signature of Officer Date

David Angelone
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

71804

2. Name of Corporation

PIZZERIA PRODUCTS, INC.

3. Street Address Principal Business Office

1464 Park Avenue

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

(401) 944-9300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

David Angelone

Valerie L. Angelone

Street Address

Street Address

1464 Park Avenue

1464 Park Avenue

City

City

State

State

Zip

Zip

Cranston

RI

02920

Cranston

RI

02920

Secretary Name

Treasurer Name

Valerie L. Angelone

David Angelone

Street Address

Street Address

1464 Park Avenue

1464 Park Avenue

City

City

State

State

Zip

Zip

Cranston

RI

02920

Cranston

RI

02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

David Angelone

Valerie L. Angelone

Street Address

Street Address

1464 Park Avenue

1464 Park Avenue

City

City

State

State

Zip

Zip

Cranston

RI

02920

Cranston

RI

02920

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

4,000 SHS NO PAR VALUE

500

common

no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 8 0 4 *

File Date:

10/5/2000

Check No.:

1498

By:

David Angelone

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

David Angelone

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71804** 2. Name of Corporation **PIZZERIA PRODUCTS, INC.**

3. Street Address Principal Business Office **1464 Park Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **944-9300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name David Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920	Vice President Name Valerie L. Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920
Secretary Name Valerie L. Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920	Treasurer Name David Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name David Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920	Director Name Valerie L. Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4,000 SHS	NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date: **JUL 22 1999**
Check No.: **CC 6506**
By: **CC 6506**
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **David Angelone** Date **6/29/99**
Print or Type Name of Officer **David Angelone**
Title of Officer **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71804** 2. Name of Corporation **PIZZERIA PRODUCTS, INC.**
3. Street Address Principal Business Office City State Zip
1464 Park Avenue Cranston RI 02920
4. Business Phone No. 5. State of Incorporation
944-9300 RHODE ISLAND
6. SIC Code
3079
7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name David Angelone Street Address 1464 Park Avenue City State Zip Cranston RI 02920	Vice President Name Valerie L. Angelone Street Address 1464 Park Avenue City State Zip Cranston RI 02920
Secretary Name Valerie L. Angelone Street Address 1464 Park Avenue City State Zip Cranston RI 02920	Treasurer Name David Angelone Street Address 1464 Park Avenue City State Zip Cranston RI 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name David Angelone Street Address 1464 Park Avenue City State Zip Cranston RI 02920	Director Name Valerie L. Angelone Street Address 1464 Park Avenue City State Zip Cranston RI 02920
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
500	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 8 0 4 *

File Date: **4/18/98**
Check No.: **5729**
By: **91859**

FOR SECRETARY OF STATE USE ONLY

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.

David Angelone **4/1/98**
Signature of Officer Date
David Angelone
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71804** 2. Name of Corporation **PIZZERIA PRODUCTS, INC.**
3. Street Address Principal Business Office **1464 Park Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **944-9300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name David Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920 Secretary Name Valerie L. Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920	Vice President Name Valerie L. Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920 Treasurer Name Davide Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920
---	---

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name David Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920	Director Name Valerie L. Angelone Street Address 1464 Park Avenue City Cranston State RI Zip 02920
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VALUE			500	common	without par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 8 0 4 *

File Date: 3/4/97
Check No.: 5079
By: OPB

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer David Angelone Date 2/20/97
Print or Type Name of Officer President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 2. NAME OF CORPORATION

71804

PIZZERIA PRODUCTS, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

1464 Park Avenue

CITY

Cranston

STATE

RI

ZIP CODE

02920

4. BUSINESS PHONE NO.

944-9300

5. STATE OF INCORPORATION

RHODE ISLAND

6. SIC CODE

3519

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

David Angelone

VICE PRESIDENT NAME

Valerie L. Angelone

STREET ADDRESS

1464 Park Avenue

STREET ADDRESS

1464 Park Avenue

CITY STATE ZIP CODE

Cranston

RI

02920

CITY STATE ZIP CODE

Cranston

RI

02920

SECRETARY NAME

Valerie L. Angelone

TREASURER NAME

David Angelone

STREET ADDRESS

1464 Park Avenue

STREET ADDRESS

1464 Park Avenue

CITY STATE ZIP CODE

Cranston

RI

02920

CITY STATE ZIP CODE

Cranston

RI

02920

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

David Angelone

DIRECTOR NAME

Valerie L. Angelone

STREET ADDRESS

1464 Park Avenue

STREET ADDRESS

1464 Park Avenue

CITY STATE ZIP CODE

Cranston

RI

02920

CITY STATE ZIP CODE

Cranston

RI

02920

DIRECTOR NAME

STREET ADDRESS

CITY STATE ZIP CODE

STREET ADDRESS

CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES

NUMBER OF SHARES

CLASS / SERIES

PAR VALUE

4,000 SHS NO PAR VALUE

ISSUED SHARES

NUMBER OF SHARES

CLASS / SERIES

PAR VALUE

500

common

without par

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

3/22/96

Check No:

4523

By:

DAE

Signature of Officer

David Angelone

Print or Type Name of Officer

President

Title of Officer

Date

3/10/96

For Secretary of State Use Only



ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0071804

1995

Corporate ID:

Annual Report for the year:

PIZZERIA PRODUCTS, INC.

Name of Corporation:

Business entity organized under the laws of the State of: **Rhode Island**

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

restaurant

**1464 Park Avenue
Cranston, RI 02920**

Phone: (401) 944-9300

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
David Angelone	1464 Park Avenue	Cranston, RI	02920
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Valerie L. Angelone	"	"	"
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Valerie L. Angelone	"	"	"
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
David Angelone	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
David Angelone	"	"	"
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Valerie L. Angelone	"	"	"
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares: **4,000**
Class / Series: **common/no par**

Number of Shares: **500**
Class / Series: **common/no par**

Date: **March 10,** 19 **95**

By: **David Angelone**

PRINT OR TYPE NAME OF OFFICER SIGNING: **DAVID ANGELONE**

TITLE OF OFFICER SIGNING: **President**

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

**PETER P. D'AMICO
194 WATERMAN STREET
PROVIDENCE RI 02906**

KC# 35-138465

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0071804 Annual Report for the year: 1994

Name of Business Entity: PIZZERIA PRODUCTS, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:

N/A

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Peter P. D'Amico, Esquire

194 Waterman St.

Providence, RI 02906

Phone: (401) 273-4400

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Peter P. D'Amico, Esquire

194 Waterman St.

Providence, RI 02906

Brief statement of the character of business conducted in Rhode Island:
restaurant

Date of Organization: 3/19/93

Date of Qualification to do business in Rhode Island (if foreign entity):
N/A

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Peter P. D'Amico</u>	<u>194 Waterman St.</u>	<u>Providence, RI</u>	<u>02906</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Peter P. D'Amico</u>	<u>Same as above</u>		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Peter P. D'Amico</u>	<u>Same as above</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Peter P. D'Amico</u>	<u>Same as above</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Peter P. D'Amico</u>	<u>Same as above</u>		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 4,000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No par value or statement that shares are without par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 500

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No par value or statement that shares are without par value

Date April 2, 19 94

By: Peter P. D'Amico

PETER P. D'AMICO

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

AC 3047

PETER P. D'AMICO
194 WATERMAN STREET
PROVIDENCE RI 02906

24177B

State of Rhode Island and Providence Plantations
CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 62795

Annual Report for the year 1993

FIRST: The name of the Corporation is PIZZERIA PRODUCTS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is restaurant.

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island c/o Peter P. D'Amico Esq.
194 Waterman Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address
Peter P. D'Amico	Director:	194 Waterman St., Providence, RI
Peter P. D'Amico	President:	Same as above
Peter P. D'Amico	Vice Pres.:	Same as above
Peter P. D'Amico	Secretary:	Same as above
Peter P. D'Amico	Treasurer:	Same as above

SEVENTH: Number of Shares Authorized:

No. of Shares	Class	Series	Par Value
4,000	Common	No Par Value	or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value
500	Common	No Par Value	or statement that shares are without par value

Dated: February 15, 1993

PIZZERIA PRODUCTS, INC.
(Name of Corporation)

By 
PRESIDENT

PAID
JUN 03 1993
SECY OF STATE

MINUTES OF JOINT ANNUAL MEETING
OF STOCKHOLDERS AND DIRECTORS (1993)

OF

PIZZERIA PRODUCTS, INC.

The Joint Annual Meeting of the Stockholders and the Board of Directors was held on February 15, 1993 at 1:30 PM at the offices of Peter P. D'Amico, Esq., in accordance with the attached Waiver of Notice.

All Stockholders and Directors were present in person.

I. MEETING OF STOCKHOLDERS

The Stockholders annual meeting was called to order by the President of the Corporation, who presided at the meeting in accordance with the provisions of the By-Laws of the Corporation, and the Secretary, being present, acted as Secretary of the Meeting.

Upon motion duly made and seconded, the meeting then proceeded to the election of directors in accordance with the By-Laws. The Stockholders prepared their ballots and delivered to the inspectors, who received the same and canvassed the votes cast, and certified in writing that the following persons, having received the highest number of votes cast at said election, had been duly elected as Directors of the Corporation for the ensuing year:

<u>Name of Shareholders</u>	<u>Number of Shares</u>
Peter P. D'Amico	500

The President thereupon declared said persons duly elected Directors of the Corporation to serve for the ensuing year and until their successors are elected and qualified.

On motion duly made and seconded, the minutes of the last meeting of the Stockholders of the Corporation were read, approved, ratified and confirmed.

Upon motion duly made and seconded, it was unanimously resolved that all purchases, contracts, acts, proceedings, elections and appointments by the Board of Directors of the Corporation be, and the same hereby are, approved and ratified.

Upon motion duly made and seconded, the annual meeting of Stockholders was adjourned.

II. MEETING OF DIRECTORS

The annual Directors meeting was then called to order by the President of the Corporation. For the purposes of this meeting, the Directors elected Attorney Peter P. D'Amico to serve as Chairman of the meeting.

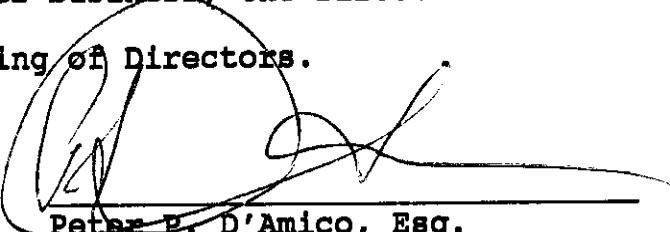
Upon motion duly made and seconded, the President proceeded with the election of officers for the ensuing year in accordance with the By-Laws. The following nominations for officers were duly made and seconded, said officers to serve until the next annual meeting and their successors were elected and qualified:

PRESIDENT:	Peter P. D'Amico
VICE PRESIDENT:	Peter P. D'Amico
SECRETARY:	Peter P. D'Amico
TREASURER:	Peter P. D'Amico

The Directors prepared their ballots and delivered them to the Chairman, who received the same and canvassed the votes cast, and certified in writing that the aforementioned persons, having received the highest number of votes cast at said election, had been duly elected to the offices as set forth before their respective names, until their successors are elected and qualified. The President thereupon declared said persons duly elected officers of the Corporation to serve for the ensuing year, and to assume the duties and responsibilities fixed by the By-Laws.

Upon motion duly made and seconded, it was unanimously resolved that, all bonuses paid to the officers and employees of the Corporation, purchases, contracts, payments, contributions, contributions to pension and/or profit-sharing plans, medical, transportation and other reimbursements, acts and other proceedings by the officers since the last annual meeting of the Directors of the Corporation, be and the same hereby are, approved and ratified.

There being no further business, the Directors unanimously voted to adjourn the annual meeting of Directors.



Peter P. D'Amico, Esq.
Secretary of the Meeting

Attest:



President

WAIVER OF NOTICE
JOINT STOCKHOLDERS AND DIRECTORS MEETING (1993)
OF
PIZZERIA PRODUCTS, INC.

We, the undersigned, being all of the Stockholders and Directors, hereby consent and agree that the annual meeting of said Stockholders and Directors shall be held at the offices of Peter P. D'Amico, D'Amico & Litwin, 194 Waterman Street, Providence, Rhode Island 02906 at 1:30 P.M. on February 15, 1993

We do further agree and consent that any and all lawful business may be transacted at such meeting or at any adjournment or adjournments thereof as may be deemed advisable by any shareholder present thereat. Any business transacted at such meeting or at any adjournment or adjournments thereof shall be as valid and legal and of the same force and effect as if such meeting or adjourned meeting were held after notice.

We hereby waive all other and further notice of said meeting pursuant to the General Laws of Rhode Island, as amended.

