



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

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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.

1. Entity ID Number 000530493		2. Exact name of the Corporation ORIGINAL PIZZA CHIPS, INC.			
3. Principal Office Address 915 ATWOOD AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 44-45 RETAIL TRADE		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES OF FOOD			
5. State of Incorporation RHODE ISLAND		4452919			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALICIA MCARTHUR			Vice-President Name NONE		
Street Address 3 GRAY COACH LANE UNIT 313			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name ALICIA MCARTHUR			Treasurer Name ALICIA MCARTHUR		
Street Address 3 GRAY COACH LANE UNIT 313			Street Address 3 GRAY COACH LANE UNIT 313		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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 VA. UE
		0		COMMON	\$01
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 <i>Ashley DeCunha</i>					Date 1/29/18
Signature of Authorized Representative <i>Ashley DeCunha</i>					SIGN DOCUMENT HERE

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

FEB 05 2018

BY 4589 DS FORM 630 - Revised: 10/2017