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

FILED
FEB 16 2018
BY 8486

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	2. Exact name of the Corporation
129474	Aloha Pizza, Inc.

3. Principal Office Address	City	State	Zip
10 Hickory Road	Coventry	RI	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	Management, operation and control of a restaurant.
5. State of Incorporation	
Rhode Island	

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

President Name: Marco P. Oliveira			Vice-President Name: Marco P. Oliveira		
Street Address: 10 Hickory Road			Street Address: 10 Hickory Road		
City: Coventry	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816
Secretary Name: Marco P. Oliveira			Treasurer Name: Marco P. Oliveira		
Street Address: 10 Hickory Road			Street Address: 10 Hickory Road		
City: Coventry	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816

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

Director Name: Marco P. Oliveira			Director Name		
Street Address: 10 Hickory Road			Street Address		
City: Coventry	State: RI	Zip: 02816	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	1,000	Common	No Par

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
Marco P. Oliveira	2/5/18

Signature of Authorized Representative: Mark Oliveira — SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017