



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

1 Entity ID Number 000508026		2 Exact name of the Corporation BARRINGTON PIZZERIA INC			
3 Principal Office Address 188 COUNTY ROAD			City BARRINGTON	State RI	Zip 02806
4 NAICS Code 722513	6 Brief description of the character of business conducted in Rhode Island SANDWICH SHOP				
5 State of Incorporation RHODE ISLAND					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name MOHAMMED BOUFFATTI			Vice-President Name ELIZABETH M MATOS		
Street Address 6 ANCHOR WAY			Street Address 6 ANCHOR WAY		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 500	CLASS/SERIES STK	PAR VALUE 0.001
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 MOHAMMED BOUFFATTI					Date 02/08/2018
Signature of Authorized Representative <i>Moammed Bouffatti</i>					

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 26 2018

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FORM 630 Revised 10/2017