



State of Rhode Island and Providence Plantations

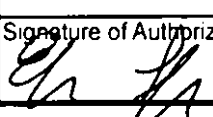
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

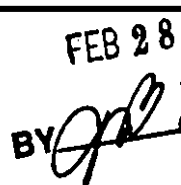
- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
 SECRETARY OF STATE
 CORPORATION
 STAMP

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1. Entity ID Number 1665656		2. Exact name of the Corporation Cranston Famous Pizza, Inc.												
3. Principal Office Address 1424 Park Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island To operate, maintain and carry on a restaurant business.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Elias D. Lefas			Vice-President Name Elias D. Lefas											
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive											
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184									
Secretary Name Elias D. Lefas			Treasurer Name Elias D. Lefas											
Street Address 59 Canavan Drive			Street Address 59 Canavan Drive											
City Braintree	State MA	Zip 02184	City Braintree	State MA	Zip 02184									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Elias D. Lefas			Director Name											
Street Address 59 Canavan Drive			Street Address											
City Braintree	State MA	Zip 02184	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. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No Par Value												
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. <i>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.</i>														
Name of Authorized Representative Elias D. Lefas					Date 2/20/18									
Signature of Authorized Representative  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 28 2018
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