RI SOS Filing Number: 201860795550 Date: 3/23/2018 4:00:00 PM

(RE)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2018

Corporation	
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→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

Penalty. Additional \$25.00		- '						
1. Entity ID Number 515370		2. Exact name of the Corporation Plainfield Pike Products, Inc.						
3. Principal Office Address			City		State Zip			
1889 Plainfield Pike			Johnston		RI	02919		
4. NAICS Code HH5 391 5. State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island Donut Shop.							
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Deborah A. Razza			Vice-President Name Ryan A. Razza					
64 Briar Hill Drive			Street Address 64 Briar Hill Drive					
Cranston	State RI	Zıp 02921	City Cranston		State RI	^{Zip} 02921		
Secretary Name Deborah A. Razz	a			Treasurer Name Deborah A. Razza				
Street Address 64 Briar Hill Drive			Street Address 64 Briar Hill Drive					
City Cranston	State RI	^{Z₁p} 02921	City Cranston		State RI	^{Zip} 02921		
8. List ALL directors (names and	addresses)			Check t	he box to i	ndicate an attachment 🔲		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized This Information is currently of rec	ord in the	10. Shares Issu						
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		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.								
Under penalty of perjury, I deci	are and affirm	that I have examin	ed this report, in	ncluding any accom	panying s	chedules and		
statements, and that all statements contained herein are true and correct.								
Name of Authorized Representative Deborah A. Razza, President FILED					Date			
Signature of Authorized Representative								
SIGN DOCUMMAR 12 3-2018								
	1 1 1		1	77				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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