

for the year: **2018**

**FILED**

APR 23 2018

BY 0272/0250

- 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 <b>001674484</b>		2. Exact name of the Corporation <b>NY Pizza, Inc.</b>							
3. Principal Office Address <b>224 Post Road</b>				City <b>Westerly</b>		State <b>RI</b>		Zip <b>02891</b>	
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a full service restaurant.</b>							
5. State of Incorporation <b>Rhode Island</b>									
7. List ALL officers (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
President Name <b>Tyler Carlson</b>				Vice-President Name <b>Mark Lacz</b>					
Street Address <b>163 Ledgewood Road</b>				Street Address <b>57 Tower Street</b>					
City <b>Groton</b>		State <b>CT</b>		Zip <b>06340</b>		City <b>Westerly</b>		State <b>RI</b> Zip <b>02891</b>	
Secretary Name <b>Michael Lacz</b>				Treasurer Name <b>Tyler Carlson</b>					
Street Address <b>57 Tower Street</b>				Street Address <b>163 Ledgewood Road</b>					
City <b>Westerly</b>		State <b>RI</b>		Zip <b>02891</b>		City <b>Groton</b>		State <b>CT</b> Zip <b>06340</b>	
8. List ALL directors (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
Director Name <b>Tyler Carlson</b>				Director Name <b>Mark Lacz</b>					
Street Address <b>163 Ledgewood Road</b>				Street Address <b>57 Tower Street</b>					
City <b>Groton</b>		State <b>CT</b>		Zip <b>06340</b>		City <b>Westerly</b>		State <b>RI</b> Zip <b>02891</b>	
Director Name				Director Name					
Street Address				Street Address					
City		State		Zip		City		State Zip	
9. Shares Authorized				10. Shares Issued <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
				<b>1000</b>		<b>Common</b>		<b>None</b>	
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. <b>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.</b>									
Name of Authorized Representative <b>Tyler Carlson, President</b>							Date <b>3/10/18</b>		
Signature of Authorized Representative 									