



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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Annual Report for the year: 2019  
 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 <u>126586</u>		2. Exact name of the Corporation <u>LION PIZZA INC.</u>				
3. Principal Office Address <u>197 Mineral Spring Ave.</u>			City	State <u>RI</u>	Zip <u>02860</u>	
4. NAICS Code <u>722513</u>		6. Brief description of the character of business conducted in Rhode Island <u>Pizza Making</u>				
5. State of Incorporation <u>Rhode Island</u>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>Pedro Madera</u>			Vice-President Name			
Street Address <u>47 Capital St.</u>			Street Address			
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip	
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 <input type="checkbox"/>	
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				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		<u>100</u>			<u>0</u>	
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 <u>Sonia Madera</u>					Date <u>01-02-19</u>	
Signature of Authorized Representative						

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

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