



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
CorporationRECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 11 AM 8:49

- 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 000098564		2. Exact name of the Corporation PIZZA QUEEN, INC.			
3. Principal Office Address 215 WEYBOSSET STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT AND PIZZA			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MOUSSA HABCHI			Vice-President Name		
Street Address 44 Hybrid DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000.00		STK	\$0.0000
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 MOUSSA HABCHI				Date 02-06-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

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BY CK FC41R