



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.

Annual Report for the year: 2019
 Corporation

2019 FEB 12 PM 4:03

- 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 57202		2. Exact name of the Corporation TRIAD PIZZA, INC.				
3. Principal Office Address 250 Mendon Road			City Cumberland	State RI	Zip 02864-0000	
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island to operate a restaurant				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name John Eno			Vice-President Name John Eno			
Street Address 250 Mendon Road			Street Address 250 Mendon Road			
City Cumberland	State RI	Zip 02864-	City Cumberland	State RI	Zip 02864-	
Secretary Name John Eno			Treasurer Name John Eno			
Street Address 250 Mendon Road			Street Address 250 Mendon Road			
City Cumberland	State RI	Zip 02864-	City Cumberland	State RI	Zip 02864-	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name John Eno			Director Name none			
Street Address 250 Mendon Road			Street Address none			
City Cumberland	State RI	Zip 02864-	City none	State none	Zip none	
Director Name none			Director Name none			
Street Address none			Street Address none			
City none	State none	Zip none	City none	State none	Zip none	
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	
		100		Common	No Par	
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 John Eno President				Date 1/07/2019		
Signature of Authorized Representative 				SIGN DOCUMENT HERE		

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

FILED

FEB 12 2019

FORM 630 Revised: 10/2017

BY an 6T6F9