



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

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 SECRETARY OF STATE/MP
 CORPORATIONS DIV

2019 FEB 12 PM 4:03

Annual Report for the year: 2018
 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 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.							
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.							
Name of Authorized Representative John Eno President					Date 1/07/2019		
Signature of Authorized Representative 			SIGN DOCUMENT HERE		FILED ←		

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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