RI SOS Filing Number: 201987061390 Date: 2/19/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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→ Penalty: Additional \$25.00 f	ee ir torm is not	nied by April 1.				<i>\(\(\(\)</i> \\	
1. Entity ID Number	2. Exact name of the Corporation						
58990	ROAD RUNNER PIZZA, INC.						
3. Principal Office Address			City		State	Zip	
93 Granite Street			Westerly		RI	02891	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
722511	To own and operate a pizza business.						
5. State of Incorporation							
RI							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Paul J. Amaral			Vice-President Name Antonio Amaral				
Street Address 203 North Anquilla Road			Street Address 35 Somerset Drive				
City Pawcatuck	State CT	^{Zip} 06379	City Pawcatuck		State CT Zip 06379		
Secretary Name Sherry Amaral	tary Name Sherry Amaral			Treasurer Name Paul J. Amaral			
Street Address 203 North Anguilla Road			Street Address 203 North Anguilla Road				
City Pawcatuck	State CT	^{Z_{IP}} 06379	City Pawcatuck		State CT Zip 06379		
8. List ALL directors (names and a	ddresses)			Check to	he box to ind	icate an attachment 🔲	
Director Name Paul J. Amaral			Director Name				
Street Address 203 North Anguilla Road			Street Address				
City Pawcatuck	State CT	Zip 06379	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	1	10. Shares Issu	ued .	Check ti	he box to ind	icate an attachment	
This information is currently of record in the Department of State. Changes require an additional filling.		NUMBER OF		CLASS/SERIES			
		100		Common	Common		
			·				
11. This report must be executed of	on behalf of the	corporation by an a	uthorized repres	entative. If the corpor	ation is in the	e hands of a receiver or	
trustee, this report must be execut	ed on behalf of	the corporation by t	<u>he receiver or tr</u>	ustee.			
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					Date		
Paul J. Amaral					2-15- ,2019		
Signature of Authorized Represen	tative		- 1. July 1				
Sand	Sf	efCIN 14 c	· p···································				
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov