



Department of State - Business Services Division

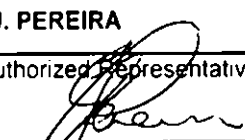
**FILED**

JUN 03 2019 AMP

BY 2063  
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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 <b>795687</b>		2. Exact name of the Corporation <b>M.C.'s PIZZA, INC.</b>			
3. Principal Office Address <b>68 TAUNTON AVENUE</b>		City <b>EAST PROVIDENCE</b>		State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE A PIZZA AND SANDWICH RETAIL RESTAURANT</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MANUEL J. PEREIRA</b>			Vice-President Name <b>N/A</b>		
Street Address <b>68 TAUNTON AVENUE</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name <b>MANUEL J. PEREIRA</b>			Treasurer Name <b>MANUEL J. PEREIRA</b>		
Street Address <b>68 TAUNTON AVENUE</b>			Street Address <b>68 TAUNTON AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MANUEL J. PEREIRA</b>			Director Name <b>N/A</b>		
Street Address <b>68 TAUNTON AVENUE</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200 SHARES</b>		<b>COMMON</b>	<b>\$0.01</b>
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 <b>MANUEL J. PEREIRA (President)</b>				Date <b>JANUARY 25, 2019</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	