



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 139930		2. Name of Corporation Kingston Pizza of Charlestown, Inc.			
3. Street Address Principal Business Office 40 Carriage Lane			City Kingston	State RI	Zip 02881
4. Business Phone No. 401-782-6816		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PREPARATION AND SELLING OF FOOD AND BEVERAGES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ina Sciabarrasi			Vice President Name Sam Sciabarrasi		
Street Address 40 Carriage Lane			Street Address 40 carriage Lane		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Sam Sciabarrasi			Treasurer Name Ina Sciabarrasi		
Street Address 40 Carriage Lane			Street Address 40 carriage Lane		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			200 no par value		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 1-11-05
Check No. 2809
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature]
Signature of Officer _____ Date _____
Ina Sciabarrasi
Print or Type Name of Officer _____
President
Title of Officer _____