



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Innman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401 222 3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 125244  
2. Name of Corporation LNP ENTERPRISES, INC.  
3. Street Address Principal Business Office 549 Broad Street  
City Providence State RI Zip 02907  
4. Business Phone No. 401-861-4700  
5. State of Incorporation RHODE ISLAND  
6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island  
To own and operate a pizza business.

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
William J.F. Christina			William J.F. Christina		
Street Address			Street Address		
26 Lodi Court			26 Lodi Court		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Secretary Name			Treasurer Name		
William J.F. Christina			William J.F. Christina		
Street Address			Street Address		
26 Lodi Court			26 Lodi Court		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
William J.F. Christina			None		
Street Address			Street Address		
26 Lodi Court					
City	State	Zip	City	State	Zip
Warwick	RI	02886			
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000	NO PAR VALUE	

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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



1 2 5 2 4 4

File Date 3/3/05  
Check No. 4045  
By: W.

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 of Officer

Date

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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8. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM J.F. CHRISTINA			Vice President Name WILLIAM J.F. CHRISTINA		
Street Address 26 Lodi Court			Street Address 26 Lodi Court		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name WILLIAM J.F. CHRISTINA			Treasurer Name WILLIAM J.F. CHRISTINA		
Street Address 26 Lodi Court			Street Address 26 Lodi Court		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM J.F. CHRISTINA			Director Name		
Street Address 26 Lodi Court			Street Address		
City Warwick	State RI	Zip 02886	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
1000 NO PAR VALUE			100	COMMON	NO PAR

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



1 2 5 2 4 4

File Date	2/14/04
Check No.	3396
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 of Officer	Date
[Signature]	1/28/04
William J.F. Christina	
President	
Title of Officer	



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President Name William J. P. Christina			Vice President Name William J. P. Christina		
Street Address 26 Lodi Court			Street Address 26 Lodi Court		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name William J. P. Christina			Treasurer Name William J. P. Christina		
Street Address 26 Lodi Court			Street Address 26 Lodi Court		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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Director Name William J. P. Christina			Director Name		
Street Address 26 Lodi Court			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	COMMON	NO PAR

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



1 2 5 2 4 4

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 07 2003

By Tom  
314239

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.

William Christina 2/21/03  
Signature of Officer Date  
William Christina  
Print or Type Name of Officer  
President  
Title of Officer