



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

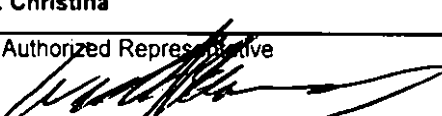
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPARTMENT OF STATE
BUSINESS DIV
2020 FEB 11 2:25

FGH
SECRETARY OF STATE
U.S.E.O. 11

1. Entity ID Number 000125244		2. Exact name of the Corporation LNP ENTERPRISES, INC.			
3. Principal Office Address 139 Winsor Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island To own & operate a pizza business				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William J.F. Christina			Vice-President Name William J.F. Christina		
Street Address 139 Winsor Avenue			Street Address 139 Winsor Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name William J.F. Christina			Treasurer Name William J.F. Christina		
Street Address 139 Winsor Avenue			Street Address 139 Winsor Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William J.F. Christina			Director Name		
Street Address 139 Winsor Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			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 William J.F. Christina					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 11 2020

FORM 630 - Revised: 10/2017

BY 3578