



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.

FILED
FEB 21 2020
 BY 32418 OS

1. Entity ID Number 58990		2. Exact name of the Corporation ROAD RUNNER PIZZA, INC.			
3. Principal Office Address 93 Granite Street			City Westerly	State RI	Zip 02891
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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			Treasurer Name Paul J. Amaral		
Street Address 203 North Anguilla Road			Street Address 203 North Anguilla Road		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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
		100		Common	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.					
<i>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.</i>					
Name of Authorized Representative Paul J. Amaral					Date 2-13 , 2020
Signature of Authorized Representative 			SIGN DOCUMENT HERE		