

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIVAnnual Report for the year: **2020**
Corporation

2020 FEB 26 P 2:14

- 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 000801477		2. Exact name of the Corporation KEM PIZZERIA CORPORATION			
3. Principal Office Address 271 Wood Street			City Bristol	State RI	Zip 02809
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of pizzeria restaurant			
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 Tina Micheletti			Vice-President Name Mark Micheletti		
Street Address 271 Wood Street			Street Address 271 Wood Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Mark Micheletti			Treasurer Name Tina Micheletti		
Street Address 271 Wood Street			Street Address 271 Wood Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tina Micheletti			Director Name Mark Micheletti		
Street Address 271 Wood Street			Street Address 271 Wood Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200.00	CLASS/SERIFS STK	PAR VALUE \$0.0100
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 Tina Micheletti				Date 1/25/2020	
Signature of Authorized Representative <i>Tina Micheletti</i>					

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

FILED

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BY *Ch CK 2632*
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FORM 630 - Revised: 10/2017