



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 FEB 26 P 2:14

**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.

1. Entity ID Number <b>000801477</b>		2. Exact name of the Corporation <b>KEM PIZZERIA CORPORATION</b>			
3. Principal Office Address <b>271 Wood Street</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>Operation of pizzeria restaurant</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Tina Micheletti</b>			Vice-President Name <b>Mark Micheletti</b>		
Street Address <b>271 Wood Street</b>			Street Address <b>271 Wood Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Mark Micheletti</b>			Treasurer Name <b>Tina Micheletti</b>		
Street Address <b>271 Wood Street</b>			Street Address <b>271 Wood Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Tina Micheletti</b>			Director Name <b>Mark Micheletti</b>		
Street Address <b>271 Wood Street</b>			Street Address <b>271 Wood Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIFS	PAR VALUE
		<b>200.00</b>		<b>STK</b>	<b>\$0.0100</b>
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					
<b>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.</b>					
Name of Authorized Representative <b>Tina Micheletti</b>				Date <b>1/25/2020</b>	
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**  
**FEB 26 2020**  
 BY *Ch CK 2632*  
 2:14