



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.

STAI

1. Entity ID Number <b>00164923</b>		2. Exact name of the Corporation <b>Fellini Pizzeria, Inc.</b>			
3. Principal Office Address <b>166 Wickenden Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>722513</b>	6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a restaurant and pizzeria</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Richard K. Knoedler</b>			Vice-President Name <b>Jacqueline J. Knoedler</b>		
Street Address <b>2288 Black River Road</b>			Street Address <b>2288 Black River Road</b>		
City <b>Bethlehem</b>	State <b>PA</b>	Zip <b>18015</b>	City <b>Bethlehem</b>	State <b>PA</b>	Zip <b>18015</b>
Secretary Name <b>Kristy Knoedler</b>			Treasurer Name <b>Kristy Knoedler</b>		
Street Address <b>123 Shaw Avenue</b>			Street Address <b>123 Shaw Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>\$0.01</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.					
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 <i>Kristy B. Knoedler</i>				Date <b>3/20/20</b>	
Signature of Authorized Representative <i>Kristy B. Knoedler</i>				SIGN DOCUMENT HERE <b>FILED</b>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017