STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No	*2 Name of Corporation*			
107063	Excellent Pizza, Inc.			
3 Street Address Principal Business Office		*City*	*State*	*Zip*
255 RESERVOIR AVE		PROVIDENCE	RI	02907-
4 Business Phone No.	*5. State of Incorporation*			*6 SIC Code*
4017850692	RHODE ISLAND			3081

7 Brief Description of the Character of Business Conducted in Rhode Island
THE SALE OF FOOD AND BEVERAGES.

8 NAMES AND ADDRESSES OF THE OFFICERS (X BOX OR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS)

President Name			*Vice President Name*		
John Fotopoulos			Constantina Fotopoulos		
Street Address			*Street Address*		
255 RESERVOIR AVE			255 RESERVOIR AVE		
City	*State*	*Zip*	*City*	*State*	*Zip*
PROVIDENCE	RI	02907	PROVIDENCE	RI	02907
Secretary Name			*Treasurer Name*		
Constantina Fotopoulos			Theodore Fotopoulos		
Street Address			*Street Address*		
255 RESERVOIR AVE			255 RESERVOIR AVE		
City	*State*	*Zip*	*City*	*State*	*Zip*
PROVIDENCE	RI	02907	PROVIDENCE	RI	02907

9 NAMES AND ADDRESSES OF THE DIRECTORS (X BOX OR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS)

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*

10 SHARES AUTHORIZED (X BOX OR ATTACHMENT ☐) 11 SHARES ISSUED (X BOX OR ATTACHMENT ☐)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2,000 NO PAR VALUE			400	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 1 0 7 0 6 3 [redacted]

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.

Signature of Officer *Date* 2/24/05

John Fotopoulos
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

File Date	2/25/05
Check No.	3847
By	

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
107063	Excellent Pizza, Inc.			
3. Street Address Principal Business Office		City	State	Zip
255 RESERVOIR AVE		PROVIDENCE	RI	02907-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4017850692	RHODE ISLAND			3081

7. Brief Description of the Character of Business Conducted in Rhode Island
THE SALE OF FOOD AND BEVERAGES.

8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
John Fotopoulos			Constantina Fotopoulos		
Street Address			Street Address		
255 RESERVOIR AVE			255 RESERVOIR AVE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907	PROVIDENCE	RI	02907
Secretary Name			Treasurer Name		
Constantina Fotopoulos			Theodore Fotopoulos		
Street Address			Street Address		
255 RESERVOIR AVE			255 RESERVOIR AVE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907	PROVIDENCE	RI	02907

9. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED (X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			400	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 107063 [redacted]

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.

Signature of Officer *Date* 1/15/05

John Fotopoulos
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date	1-20-05
Check No.	3790
By:	a

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
107063	Excellent Pizza, Inc.			
3. Street Address Principal Business Office		City	State	Zip
255 RESERVOIR AVE		PROVIDENCE	RI	02907-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4017850692	RHODE ISLAND			3081

7. Brief Description of the Character of Business Conducted in Rhode Island
THE SALE OF FOOD AND BEVERAGES.

8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
John Fotopoulos			Constantina Fotopoulos		
Street Address			Street Address		
255 RESERVOIR AVE			255 RESERVOIR AVE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907	PROVIDENCE	RI	02907
Secretary Name			**Treasurer Name**		
Constantina Fotopoulos			Theodore Fotopoulos		
Street Address			Street Address		
255 RESERVOIR AVE			255 RESERVOIR AVE		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907	PROVIDENCE	RI	02907

9. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (X" BOX FOR ATTACHMENT) ☐ **11. SHARES ISSUED (X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			400	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] *1 0 7 0 6 3*

107063 DBC1/21/03 12:24:11 PM
File Date 3/26/04
Check No 3453
By VD
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer *Date* 3/1/04

John Fotopoulos
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
107063	Excellent Pizza, Inc.

3. Street Address Principal Business Office	City	State	Zip
255 RESERVOIR AVE	PROVIDENCE	RI	02907-

4. Business Phone No.	5. State of Incorporation	6. SIC Code
4017850692	RHODE ISLAND	3081

7. Brief Description of the Character of Business Conducted in Rhode Island
THE SALE OF FOOD AND BEVERAGES.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
John Fotopoulos	Constantina Fotopoulos
Street Address: 255 RESERVOIR AVE	Street Address: 255 RESERVOIR AVE
City: PROVIDENCE, State: RI, Zip: 02907	City: PROVIDENCE, State: RI, Zip: 02907
Secretary Name	**Treasurer Name**
Constantina Fotopoulos	Theodore Fotopoulos
Street Address: 255 RESERVOIR AVE	Street Address: 255 RESERVOIR AVE
City: PROVIDENCE, State: RI, Zip: 02907	City: PROVIDENCE, State: RI, Zip: 02907

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2,000 NO PAR VALUE			400	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [barcode] *1070634*

107063 DBC1/21/0312:24:11 PM
File Date FILED
Check No.
JAN 21 2004
By
By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer *Date* 1/19/04

John Fotopoulos
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No	*2 Name of Corporation*
"107063"	Excellent Pizza, Inc.

3 Street Address Principal Business Office	*City*	*State*	*Zip*
255 RESERVOIR AVE	PROVIDENCE	RI	02907

4 Business Phone No	*5 State of Incorporation*	*6 SIC Code*
4017850692	RHODE ISLAND	3081

7 Brief Description of the Character of Business Conducted in Rhode Island
THE SALE OF FOOD AND BEVERAGES.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	*Vice President Name*
John Fotopoulos	Constantina Fotopoulos
Street Address	*Street Address*
255 RESERVOIR AVE	255 RESERVOIR AVE
City / *State* / *Zip*	*City* / *State* / *Zip*
PROVIDENCE / RI / 02907	PROVIDENCE / RI / 02907
Secretary Name	*Treasurer Name*
Constantina Fotopoulos	Theodore Fotopoulos
Street Address	*Street Address*
255 RESERVOIR AVE	255 RESERVOIR AVE
City / *State* / *Zip*	*City* / *State* / *Zip*
PROVIDENCE / RI / 02907	PROVIDENCE / RI / 02907

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES *Number of Shares*	*Class/Series*	*Par Value*	ISSUED SHARES *Number of Shares*	*Class/Series*	*Par Value*
2,000 NO PAR VALUE			400	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] [redacted]

* 1 0 7 0 6 3 *

"107063 DBC 1/21/0312:24:11 PM"
File Date 2-26-03
Check No 2997
By KP
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — *Date* 2/24/03

John Fotopoulos
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12-01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107063

2. Name of Corporation Excellent Pizza, Inc.

3. Street Address Principal Business Office 255 Reservoir Avenue

City Providence *State* RI *Zip* 02907

4. Business Phone No. 785-0692

5. State of Incorporation RHODE ISLAND

6. SIC Code 3081

7. Brief Description of the Character of Business Conducted In Rhode Island

Sale of food and beverages

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name John Fotopoulos
Street Address 255 Reservoir Avenue
City Providence *State* RI *Zip* 02907

Vice President Name Constantina Fotopoulos
Street Address SAME
City *State* *Zip*

Secretary Name Constantina Fotopoulos
Street Address SAME
City *State* *Zip*

Treasurer Name Theodore Fotopoulos
Street Address SAME
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
2,000 NO PAR VALUE		No Par

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
400	Common	No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 0 7 0 6 3 *

File Date: 1-23-02

Check No.: 2511

By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer *Date* 1/16/02

John Fotopoulos
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 107063
2. Name of Corporation: Excellent Pizza, Inc.
3. Street Address Principal Business Office: 255 Reservoir Avenue — City: Providence — State: RI — Zip: 02907
4. Business Phone No.: 785-0692
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3081
7. Brief Description of the Character of Business Conducted in Rhode Island: Sale of food and beverage

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: John Fotopoulos
Street Address: 255 Reservoir Avenue
City: Providence — State: RI — Zip: 02907

Secretary Name: Theodoros Fotopoulos
Street Address: same
City — State — Zip

Vice President Name: Constantina Fotopoulos
Street Address: same
City — State — Zip

Treasurer Name: Constantina Fotopoulos
Street Address: same
City — State — Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000	NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
400	Common	No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

107063

[redacted]

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.

3/13/01
Signature of Officer — *Date*

John Fotopoulos
Print or Type Name of Officer

President
Title of Officer

File Date: 3-15-01

Check No.: 2136

By: Cr

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 12/00

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107063
2. Name of Corporation: Excellent Pizza, Inc.
3. Street Address Principal Business Office: 255 Reservoir Avenue — City: Providence — State: RI — Zip: 02907
4. Business Phone No.: 785--692
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3081
7. Brief Description of the Character of Business Conducted in Rhode Island: Sale of food and beverage

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: John Fotopoulos
Street Address: 255 Reservoir Avenue
City: Providence — State: RI — Zip: 02907

Vice President Name: Constantina Fotopoulos
Street Address: same
City — State — Zip

Secretary Name: Constantina Fotopoulos
Street Address: same
City — State — Zip

Treasurer Name: John Fotopoulos
Street Address: same
City — State — Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
400	Common	No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 0 7 0 6 3 *

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.

Signature of Officer — Date: 2/22/00

John Fotopoulos
Print or Type Name of Officer

President
Title of Officer

File Date: 2-23-00

Check No.: 1269

By: AMC

FOR SECRETARY OF STATE USE ONLY

Form 630 12/96