

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 1. Corporate ID No.	IN BLACK) (2. Name of Corpor	ertion				
11270		IZZA HOUSE, INC.				
3. Street Address Principal			City	State	7.vp	
15 High View D			Smithfield	RI	02917	
4. Business Phone No.	······	5. State of Incorpor	E C		6. SIC Code	
(401) 272-2279)	Rhode Island			3079	
7. Brief Description of the	Character of Business Con-	ducted in Rhode Island				
Restaurant						
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Aristotelis Tso	onis		- NONE			
Street Address			Street Address	·		
15 High View D			•			
City	State	Zip	City	State	Zφ	
Smithfield Secretary Name	/RI	02917	<u></u>]	
Marilyn Tsonia			Treasurer Name			
Street Address			Aristotelis Tso	7115		
<i>Street Address</i> 15 High View Di	rive		Street Address			
Cny	State	- 17	.15 High View Dr			
Smithfield	RI	<i>Ζιρ</i> 02917	'City	State	Zip	
	1		.Smithfield	RI	02917	
Director Name	KESSES UM DEMUK	ECTORS/CX BUX PO	Director Name	SEACES BEFORE USING	ATTACHMENTS TOPEN	
NONE			NONE			
Street Address			Street Address			
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City	State	Zip	•Crity	State	7.tp	
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Director Name Street Address	·		Director Name Street Address	· · · · · · · · · · · · · · · · · · ·		
City	State	Zıp	City	State	Zip	
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AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
300 Comm No Par	· Value		200	Common	No Par Value	
		_ 				
This report must be s	igned in ink by eithe	r the President. Vice	President, Secretary, Assis	stant Secretary Treas	urer. Keceiver or Truste	
This report must be s	igned in ink by eithe	r the President, Vice	e President, Secretary, Assis	stant Secretary, Treas	urer, Receiver or Truste	
This report must be s	igned in ink by eithe		_	stant Secretary, Treas	urer, Receiver or Truste	
This report must be s	igned in ink by eithe	r the President, Vice	_	stant Secretary, Treas	urer, Receiver or Truste	
This report must be s	igned in ink by eithe	FILE	ED			
This report must be s	igned in ink by eithe		2005 Under penalty of per	rjury, I declare and affirm	that I have examined	
This report must be s	igned in ink by eithe	FILE	2005 Under penalty of per this report, including	rjury, I declare and affirm 3 any accompanying sche	that I have examined dules and statements,	
This report must be s	igned in ink by eithe	FILE	2005 Under penalty of per this report, including	rjury, I declare and affirm	that I have examined dules and statements,	
This report must be s	igned in ink by eithe	FILE	2005 Under penalty of per this report, including	rjury, I declare and affirm 3 any accompanying sche	that I have examined dules and statements,	
1 1	igned in ink by eithe	FILE	2005 Under penalty of per this report, including	rjury, I declare and affirm 3 any accompanying sche	that I have examined dules and statements.	
	igned in ink by eithe	FILE	2005 Under penalty of per this report, including	rjury, I declare and affirm 3 any accompanying sche	that I have examined dules and statements,	
1 1 File Date Check No.	igned in ink by eithe	FILE	2005 Under penalty of per this report, including	rjury, I declare and affirm 3 any accompanying sche	that I have examined dules and statements, ue and correct. Man 3/8/05	
1 1	2 7 0	FILE	2005 Under penalty of per this report, including	rjury, I declare and affirm 3 any accompanying sche	that I have examined dules and statements,	



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 2004

Filing Period: January	I - March I 🍨 🗜	iling Fee: \$50.00			
FORM MUST BE TYPED I					
I. Corporate ID No. 11270	2 Name of Corpo MINERV	ration A PIZZA HOUSI	E, INC.		
3. Street Address Principal Bi			Cin	State	Zip
15 High View			Smithfield	RI	02917
4. Business Phone No.		5. State of Incorporation	1		6. SIC Code
(401) 272-22	79	Rhode Is			3079
7. Brief Description of the Cl		nducted in Rhode Island			13073
Restaurant					
8. NAMES AND ADDRI	ESSES OF THE OF	FICERS ("X" BOX FORA	TTACHMENT) FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS
President Name			Vice President Name	ini saman nama da kangaran	1 74 1977 1972 1974 1974
Aristotelis Stret Address	Tsonis		None		
	D		Street Address		
15 High View	State	12:-	· · · · · · · · · · · · · · · · · · ·		
Smithfield	RI	^{Zip} 02917	City	State	Zip
ecretary Name			Treasurer Name		
Marilyn Tson	is		.Aristotelis 1	rsonis -	
Street Address			Street Address		
15 High View	Drive		:15 High View	Drive	
City	State	Zip	*City	State	Zi _P
Smithfield	RI	02917	. Smithfield	RI	02917
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
None			None		
Street Address			· Street Address		
City			•		
Ciù	State	Zip	·City	State	Zip
Director Name]	, , , , , , , , , , , , , , , , , , , 	Director Name		
Street Address			Street Address		
City	State	Zip	.City	State	2ip
10. SHARES AUTHORI	ZED ('X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 Comm No	Par Value		200	Common	No Par Val
his report must be sig	ned in ink by eithe	er the President, Vice I	resident, Secretary, Assista	nt Secretary, Treasure	r, Receiver or Trustee
			this report, including ar	ry, I declare and affirm the ry accompanying schedule contained herein are true;	es and statements,
File Date 3 12 (<u> </u>	_	ATRADLE	la Thrace	2-8-04
200			Signature of Officer	Dat	
Check No. 2 9		_	Aristotelis	s Tsonis	
" (X			Print or Type Name of Off		
$B_{\mathbf{y}}$.		-]	President		
FOR SECRETARY OF STAT	TE USE ONLY		Title of Officer		Form 630 12/01



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	2003
Filing Period: January 1 - March 1 ● Filing Fee: \$50.00	·

FORM MUST BE TYPED IN B	•				
I. Corporate ID No. *11270*	2. Name of Corpor	IZZA HOUSE, INC.			
3. Street Address Principal Busin		IZZA I IOUSE, IIIO.	C.a.	Contra	9
3. Street Address Principal Busin 15 HIGH VIEW DRIV	**		Cny SMITHFIELD	State R I	Zφ
4. Business Phone No.	_	5. State of Incorporation	SHITHFIELD	N.I	02917 6. SIC Code
4012722279		RHODE ISLAND			3079
7. Brief Description of the Chard RESTAURANT	acter of Business Con				3073
8. NAMES AND ADDRESS	SES OF THE OFF	ICERS C'Y" ROY FOR ATT.	ACHMENTO PHILLINGS	AATES BEEADE L'SING AT	TTACUMENTS
President Name	30.5 (7) 1111. (7) 1	KIMS (A DONTONATI	Vice President Name	ACIA DEFORE CSINGA	, IACHMENTS
Aristotelis Tsonis	3				
Street Address			Street Address		
15 High View Drive	9				
City Carlos Carlos A	State	Zıp	City:	State	Zıp
Smithfield	RI	02917			
Secretary Name Marilyn Tsonis			Treasurer Name Aristotelis Tso	mic	
-				JII S	
Nireet Address 15 High View Drive	5		Street Address	rino	
City	- State	7:0	15 High View Dr		-9 lm
Smithfield	RI	<i>Zip</i> 02917	City Smithfield	State R I	<i>Σφ</i> 02917
9. NAMES AND ADDRESS Director Name			TACHMENT) 🔲 FILL IN		
None			<i>Director Name</i> None		
Street Address			Street Address		
Once: Nuuress			Street Maaress		
City	State	Zıp	City	State	Zıp
Director Name			Director Name		
None			None		
Street Address			Street Address		
Ciry	State	<i>Z</i> ıp	City	State	Zıp
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This report must be <mark>signe</mark>	u in ink by etine	r the Frestaent, vice Fre	sudent, Secretary, Assi.	stant Secretary, Treast	irer, Receiver or Trusiee
	1 (18) (1881 1881 1881				_
			Under penalty of pe	rjury, I declare and affirm	that I have examined
- " 1 1	2 1 0 -			g any accompanying sched	
11270 DBC3/4/031:49	9:21.PM	\neg		nts contained herein are tru	
2 - 1	7/25		:/~~/	2/0	m 3-6-200.
File Date	<u>س</u>	-	MIC18404C	118 Hall	
Check No.	J6		Ariototolia T		Date
A-1	M C	-	Aristotelis T		
$B_{\underline{Y}}$	71/-	_ _	Print or Type Name of	Оуксег	
FOR SECRETARY OF STATE	USE ONLY		President		
	•	1	Title of Officer		Form 630 12/01



Edward S. Inman, 111, Secretary of State Corporations Division 160 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Carporate ID No. 2 Name of Corporation 11270 MINERVA PIZZA HOUSE, INC. 3. Street Address Principal Business Office CmState 20 South Angell Street Providence RΙ 02906 4 Business Phone No. 5 State of Incorporation 6 SIC Code 401/272-2279 **RHODE ISLAND** 3079 7 Brief Description of the Character of Business Conducted in Rhode Island restaurant 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Aristotelis Tsonis none Street Address Street Address 15 High View Drive State City Lip RI 02917 Smithfield Secretary Name Treasurer Name Marilyn Tsonis Aristotelis Tsonis Street Address Street Address 15 High View Drive 15 High View Drive Cift Zip02917 Smithfield RΙ 02917 Smithfield RT 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name none none Street Address Micel Address Citi State Zio City State Director Name Director Name none none Street Address Street Address State 210 City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARIS Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 300 COMM NO PAR VALUE 200 no par value common

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



File Date	3-14-02	<u></u>	
Theck No.:	<u> 3855</u>		-

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.

Art Acte/s	Therens		1/7/02
Signature of Officer		Date	· · ·-
Budakakalia M-	: _		

Aristotelis Tsonis

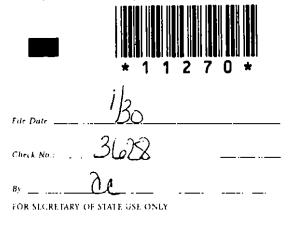
Print or Type Name of Officer

President litle of Officer 1 ... 220 1393

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corputate III No. ²mînerva°'pizza House, Inc. 3. Street Address Principal Business Office City State 20 SOUTH ANGELL STREET 02906 PROVIDENCE RI 4 Business Phine No. 6 3079 RHODE TSLAND 401/272-2279 7 Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name ARISTOTELIS TSONIS NONE Street Address Street Address 15 HIGH VIEW DRIVE City City State Z_{ip} 02917 SMITHFIELD RISecretary Name Treasurer Name MARILYN TSONIS ARISTOTELIS TSONIS Street Address Street Address 15 HIGH VIEW DRIVE 15 HIGH VIEW DRIVE City Zip 02917 02917 SMITHFIELD RI SMITHFIELD RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE NONE Street Address Street Address . City City State Zip State Lip Director Name Director Name NONE NONE Street Address Street Address City State ZipCity State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shates Class/Series Class/Senes Par Value 300 SHS NO PAR COM 200 COMMON NO PAR VALUE

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

ARISTOTELIS TSONIS

Print or Type Name of Officer PRESIDENT

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

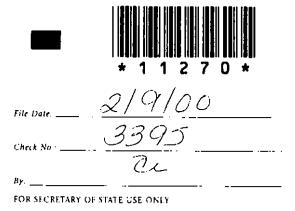
2 Name of Corporation

11270

MINERVA PIZZA HOUSE, INC.

3. Street Address Principal Business C 20 South Angell Sti	• •		c _{dy} Providence	State R I	zip 02906
4. Business Phone No. 401 272 2279		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character : nestaurant	of Business Conducted	in Rhode Island			
8. NAMES AND ADDRESS President Name Aristotelis Tsonis	ES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Street Address 15 High View Drive			Street Address		
_{cuy} Smithfield	State R I	^{zip} 02917	City	State	Zip
Secretary Name Marilyn Tsonis			Treasurer Name Aristotelis T	sonis	
Street Address 15 High View Drive			Street Address 15 High View		
_{cny} Smithfield	State R I	^{zip} 02917	City Smithfield	State R I	zip 02917
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS (*X* BOX FOR ATTAC		ES BEFORE USING ATT	
none Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Nume			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZED AUTHORIZED SHARES) (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	r r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



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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.

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no par value

ATTI HOLOS	Marin	1/3/00
Signature of Officer		Date

Ar <u>istotelis Ts</u>	sonis
Frint or Type Name of Officer	

<u>President</u>

Title of Officer

200



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Perlod: January 1-March 1 • Filing Fee: \$50.00

GORM MUST BE TYPED IN BI					
1. Corporate ID No.	² Minerva	۳۱۳ZA HOUSE, INC).		
3. Street Address Principal Busines	s Office		City	State	Zip
20 SOUTH ANGELL S	TREET	E. State of two services	PROVIDENCE	RI	02906
401-272-2279 7 Brief Description of the Charact	er of Business Conducted	5 HHODE'ISL in Rhode Island	LÄND		^{6. SI} 3079
RESTAURANT 8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICE RS ("x" box for at	TACHMENT) HILL IN SPAC	ES BEFORE USING ATTA	ACHMENTS
ARISTOTELIS TSONI.	S		NC Street Address	ONE	
15 HIGH VIEW DRIV	E State	Zip	City	State	Zip
SMITHFIELD Societary Name	RI	02917	Treasurer Name		
MARILYN TSONIS Street Address			ARISTOTELIS T	CSONIS	
15 HIGH VIEW DRI	VE State	Zip	15 HIGH VIEW I	ORIVE State	Zip -
SMITHFIELD 9. NAMES AND ADDRE	RI SSES OF THE DIR	02917 ECTORS (*X* BOX FOR	SMITHFIELD ATTACHMENT) FILLIN SPA	RI CES BEFORE USING AT	02917
Director Name NONE			Director Name NONE		
Street Address			Street Address		
Çity	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*x* box for at)	(ACHMENT)	11. SHARES ISSUED ISSUED SHARES	O ("X" BOX FOR ATTACHME	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 SHS NO PAR C	OM		200	COMMON	NO PAR VALUE

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

* 1 1 2 7 0 *
File Date: JJ 18199
ByFOR 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.

ARISTOTELIS TSONIS

Print or Type Name of Officer

PRESIDENT. Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B	ILAGK)				
1. Corporate ID No 11270	2. Name of Corpora MINERVA F	PIZZA HOUSE, INC.			
3. Street Address Principal Busin	ess Office		City	State	Zip
20 South Ang	ell Street	5. State of Incorporation	Providence	RI	02906 6. SIC Code
401–272–2279 7. Brief Description of the Charac		RHODE ISLAND in Rhode Island	1		3079
restaurant 8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT)		
President Name Aristotelis T	'sonis		Vice President Name		
Street Address 15 High View	Drive		Street Address		
Smithfield	State RI	^{Z_{1P}} 02917	City	State	Zip
Secretary Name			Treasurer Name		
Marilyn Tsoni Street Address	S		Aristotelis Tso	onis	
15 High View D	rive State	Zıp	15 High View D	rive State	Zip
Smithfield 9. NAMES AND ADDR Director Name	RI ESSES OF THE DIR	02917 ECTORS (*x* box for atta	Smithfield CHMENT) Director Nume	RI	02917
Street Address			Street Address		
City	State	Zip	City	State	Zıp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATT	FACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X* BOX FOR ATTACHMENT	יל
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 SHS NO PAR	COM				
			200	common	no par value
This report must be si	gned in ink by eit	her the President, Vice P	resident, Secretary, Assi	stant Secretary, Treasi	arer, Receiver or Truste
	- 184 11884 (t818 11811 1881) 1		·	·	

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. File Date: Check No :

Print of the Name of Officer Psonis

President

FOR SECRETARY OF STATE USE ONLY

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 277-3040

State

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Corporate ID No.

2. Name of Corporation

11270

MINERVA PIZZA HOUSE, INC.

20 SOUTH ANGELL STREET PROVIDENCE RI 02906 4. Business Phone No. 5. State of Incorporation 6 SIC Code **RHODE ISLAND** 3079 (401) 272-2279 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name ARISTOTELIS TSONIS NONE Street Address Street Address 15 HIGH VIEW DRIVE City Zip City State ZipSMITHFIELD 02917 RISecretary Name Treasurer Name MARILYN TSONIS ARISTOTELIS TSONIS Street Address 15 HIGH VIEW DRIVE 15 HIGH VIEW DRIVE State Z_{4p} City State Zip SMITHFIELD, RI 02917 SMITHFIELD RI 02917 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name

NONE NONE Street Address Street Address

City Zip City State Zip

Director Name Director Name Street Address

City State ZIP Cats State Zip

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

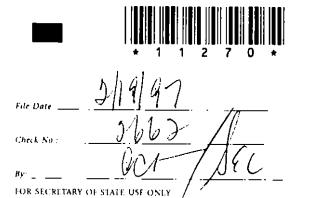
AUTHORIZED SHARES ISSUED SHARES

Number of Shares Par Value Number of Shares Class/Series Par Volue

300 SHS NO PAR COM 200 COMMON NO PAR VALUE

Street Address

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 berein are true and correct

ARISTOTELIS TSONIS

Print or Type Name of Officer

PRESIDENT

Title o. Officer



PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00 PLEASE TYPE OR PRINT IN BLACK INK. 1. CORPORATE ID NO 2 NAME OF CORPORATION 11270 MINERVA PIZZA HOUSE, INC. 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE ZIP CODE 20 South Angell Street Providence RI 02906 4. BUSINESS PHONE NO. 5. STATE OF INCORPORATION 6. SIC COOE 401-272-2279 RHODE ISLAND 307 7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Restaurant ADDRESSES OF THE OFFICERS PRESIDENT NAME VICE PRESIDENT NAME Aristotelis Tsonis STREET ADDRESS STREET ADDRESS 15 High View Drive ZIP CODE CITY STATE ZP COO€ Smithfield RΙ 02917 SECRETARY NAME TREASURER NAME Marilyn Tsonis Aristotelis Tsonis STREE! ADDRESS 15 High View Drive 15 High View Drive STATE ZIP CODE ZIP CODE Smithfield 02917 Smithfield RΙ 02917 ADDRESSES OF THE DIRECTORS DIRECTOR NAME DIRECTOR NAME STREET ADDRESS STREET ADDRESS STATE ZP CODE CITY STATE ZIP CODE DIRECTOR NAME DIRECTOR NAME STREET ADDRESS STREET ADDRESS an STATE 7º 000£ CITY STATE ZIP CODE AUTHORIZEO **AUTHORIZED SHARES ISSUED SHARES** NUMBER OF SHARES CLASS / SERIES MUMBER OF SHARES CLASS / SERIES PAR VALUE 300 SHS NO PAR COM 200 NO PAR VALUE common

> This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

Check No:

By:

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,

Title of Officer

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

0011270

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

1995

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

corporate 1D.		Annual Report for	tne year:		
Name of Corporation: MINER	VA PIZZA HOU5E, 1	INC.			
Business entity organized under the laws of the S For foreign entity, address and telephone numbe	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)				
Phone: ()	Brief statement of	of the character of business condi	ucted in Rhode Island:		
Address and telephone of the principal office of Island (Provide street address - Not P.O. Box):	business entity in Rhode	Restaurar	nt		
20'South Angell Street Providence, RI 02906 Phone. () 401-272-2279					
	THE NAMES OF TH	HE OFFICERS AR	 RE:	·	
PRESIDENT	STREET ADD		CITY/STATE:	ZIP CODE	
Aristotelis Tsonis VICE PRESIDENT	15 High View STREET ADD	<u>Drive</u>	Smithfield, RI	02917	
SECRETARY	STREET ADD	DRESS	CITY/STATE	ZIP CODE	
Marilyn Tsonis	15 High View STREET ADD	Drive	Smithfield, RI	02917 ZIP CODE	
Aristotelis Tsonis	15		Smithfield, RI	02917	
NAME -	THE NAMES OF TH		RE: CITY/STATE O A 1 L	• ZIP CODE	
NAME	STREET ADD	RESS	CITYSTATEMAR 1 5	1995 zie cone	
NAME.	STREET ADD	RESS	SECY OF	51ATC ZIPCODE	
NUMBER OF SHARES AUTHORIZED (Rider ma	y be attached)	NUMBER OF SHARI	ES ISSUED AND OUTSTANDING	(Rider may be attached)	
Number of Shares Class / Series		Number of Shares	Class / Series	······································	
300 Common		200	Common		
DateJanuary 9,	•	CISto felo	- Barens		
Form 31 1/95	PRINT OR TY	PE NAME OF OHROUR SIGN	President		
	NATED REGISTERED AGE		TE OF PROCESS:	,	
PLEASE NOTE: If the registered office and/or					
	-		****		

GEORGE J. GROSSI 70 JEFFERSON BLVD. WARWICK, PI 02888

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State File Annually LLC, Sept. 1 Nov. 1 CORP, Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID	0011270		Annual Report (or the year	1994	
Name of Business Entity	: <u></u>		MINERV	A PIZIA HOUSE	, INC.	
Business entits organized up	tder the laws of the State of Rh	 ode Island	Business Ent	ity is (check one)		
Federal Taxpayer Identificat				Business Corporation (See I		
, ,				rofessional Service Corporation and Labolity Company		<i>i</i> 7-5 1)
ro: foreign entity, aucress at	nd telephone number of principal	cince		nd mailing address of cont.		
			communicati	ons may be directed:	·	
				J. Grossi, Esqu		
	 · 		70 Je <u>f</u>	ferson Boulevard	<u></u>	
Phone. 1			Warwic	<u>k. RI</u> .02888 _		_
,	e principal office of basiness entit	ty in Rhode				
Island (Provide street addres 20 South Angel			Brief stateme	ent of the character of busin	ness conducted in Rhode	Island
			Res <u>taur</u>	ant.		
Providence, RI	02906	· —···			(maple	
			Date of Orga	inization	<u> </u>	
Phone (401) 272-3	2279 <u>: </u>	· • · · · — — — —	Date of Qual	ification to do business in	Rhode Island (if foreign o	intity)
		E NAMES OF T				· · ·
Aristotelis Ts	**	smetk 15 High View		CITYCAIL Smithfield DI	•	Ziechol
	R [] VKERSESDENT, OSAKOSA	STREET CI		Smithfield, RI		ZIPCIXX
Marilyn Tsonis		STREET AL		Smithfield, RI	•	ZIF COD
CHIEF FINANCIAL OFFICTS OF		15 High View		ETYMIATE		Z.P.COD
Aristotelis Ts	onis	15 High <u>View</u>	Drive	Smithfield, R1	r	
NAME	<u>T</u> ḤE	NAMES OF TI		S ARE: City state		— _{дв} сор
					<u></u>	
NAME		STRIUT AL	ODR(LSS	CONSTATE		KOD SIK
NAME.		STR: 1.1 A	DREAS	CITYSTAFE		7 P C (30)
NUMBER OF SHARES A	AUTHORIZED (If Applicable)		NUMBER OF S	SHARES ISSUED AND O	UTSTANDING (If Appl	icubie)
NUMBER	300	·	NUMBER	200		
CLASS	common		CLASS	common		
SERIES			SERIES			
PAR VALUE OR			PAR VALUE ()R		
WITHOUT PAR	without par va	lue	WITHOUT PA	* * * *	value	
DateJanuar	y 10 94	В, _	ARISTO	TEHLS 71	somis	
		PSINT OR	REDIFFE TO JIMAN 19YE.	SIGNING 1012		
		Pre	Sident 1/1	riAofelis	Thomy	
		(#				
Form 31 1194						

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE. If the Corporation has changed its registered of free and/or registered or resident agent. Form 9 or Form LLC 3 must be filed

Filing Fec \$15.00		1() 1 6 / 1	To be Ried annually between January 1st and March 1st
≶t	CORPOI 270 WE	d und Providence Flantatio. Rations division STMINSTER MALL ERHODE ISLAND 02003	nts
Corporate ID 0011270)	Annual Report for the yea	1993
FIRST: The name	of the corporation is ^{Mi}	inerva Pizza House, Inc.	
SECOND: It is inco	orporated under the laws of	Rhode Island	
THIRD: Character	r of business, briefly stated, i	s Restaurant	······································
FOURTH: If foreig	gn corporation, address of its	s principal office	
Fifth: Business a	ddress in Rhode Island2	20 South Angell Street, Provide	nce, RI 02906
Sixth: Names an	d addresses of its directors a		(Attach rider if necessary street, zip code)
	Director		
	Director	·	······································
	Director		
Aristotel	is Tsonis President	15 High View Drive, Sm	ithfield, RI
	Vice Pres	sident	
Marilyn T	sonis Secretary	15 High View Drive, Sm	ithfield, RI
Aristotel	is Tsonis Treasurer	15 High View Drive, Sm	ithfield, RI
SEVENTH: Number	er of Shares authorized:	Series	Par Value or statement that shares are without
300	common	PAID	no par
Eighth: Number	of Shares issued:	FEB 1 6 1993	Par Value
No. of Shares	Class	Scr SEC'Y OF STATE	or stalement that shares are without par value
. 200	соттол		no par
Dated January 1	1, 19 93	Minerva Pizza House	, İnc.
		By Arti Stotely The	Hend

(Report must be signed by an officer)

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0.04.3	1270	Annual Report for the year1992			
FIRST: The name of the	corporation is	MINERVA PIZZA HOUSE, INC.			
SECOND: It is incorporat	ed under the laws of	Rhode Island			
THIRD: Character of bus	iness, briefly stated, is	Restaurant			
FOURTH: If foreign corpo	oration, address of its	principal office			
		20 South Angell Street,	Providence,		
SIXTH: Names and addre		nd officers: Address (including num	(Attach rider if necessary)		
	Director				
	Director				
	Director				
AristotelisTsonis		15 High View Drive,			
		dent			
Marilyn Tsonis		15 High View Drive			
Aristotelis Tsonis	Treasurer	15 High View Drive			
SEVENTH: Number of Sha	ares authorized:	•	Par Value		
No. of Shares	Class	Series	or statement that shares are without		
300	Соштоп	FAID	parvalue No par		
		APR 6 1 1892	p		
Еіднтн: Number of Shar	res issued:	SECY OF STATE	Par Value or statement that		
No. of Shares	Class	Series	shares are without par value		
200	Common		No par		
Dated February 10,	1992	MINERVA PIZZA HOUSE, I (Name of Corporation)			
,		Aristotelis Tsonis	aun		
(Report must be signed b	y an officer)	Title President	,		

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL. PROVIDENCE, RHODE ISLAND 02903

Corporate ID11	279	Annual Report for the year1991			
	•				
THIRD: Characte	·				
	gn corporation, address of its	principal office			
	address in Rhode Island	20.South.Angell.Street.	Providence,		
SIXTH: Names at Name	nd addresses of its directors ar		(Attach rider if necessary) g number, street, zip code)		
	Director				
	Director				
i	Director		•		
	President	15 High View Drive	Smithfield, RI		
	Vice Presi	dent			
Marilyn Tsonis	Secretary	15 High View Drive.	Smithfield, RI		
./Aristotelis.Tsoni	.sTreasurer	15 High View Drive,	Smithfield, RI		
SEVENTH: Numb	er of Shares authorized:	Series	Par Value or statement that shares are without par value		
300	Common		No par		
Еідити: Numbe	r of Shares issued:	PAID FEB 5 1991 SECY DE STATE	Par Value or statement that shares are without		
No. of Shares	Class	SEC'Y DE	par value		
200	Common		No par		
DatedJanuaryl	19 91	MINERVA PIZZA HOUSE, I (Name of Corporation)	-1		
(Pennet must b	re signed by an officer)	By HIZIAO+CIA Aristotelis Tsoni Title President	Laure s		

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 11270		Annual Report for th	e year 1990
FIRST: The name of the	ne corporation is MII	NERVA PIZZA HOUSE, INC	.
Second: It is incorpo	rated under the laws of	Rhode Island	
THIRD: Character of b	ousiness, briefly stated, is	Restaurant	
FOURTH: If foreign co	rporation, address of its	principal office	
FIFTH: Business addre) South Angell Street,	Providence,
SIXTH: Names and ad-	dresses of its directors ar	nd officers:	(Attach rider if necessary) umber, street, zip code)
	Director		
Aristotelis Tsonis	President	15 High View Drive	e, Smithfield, RI
•••••	Vice Presi	dent	
Marilyn Tsonis	Secretary	15 High View Drive	e, Smithfield, RI
Aristotelis Tsonis	Treasurer	15 High View Drive	e, Smithfield, RI
SEVENTH: Number of	Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
300	Common		No par
Eіднтн: Number of S	hares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
200	Common		No par
Dated January 15	19 .90	MINERVA PIZZA HOUSE, (Name of Corporation)	INC.
(Parast south asias	ad by an affirmal	By Arcistotelis Tson: Title President	gelug Is
(Report must be signe	eo by an omcer)	THE TANK THE	***************************************

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL. PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1127	0	Annual Report for the	year 1989
FIRST: The name	of the corporation isMINE	RVA PIZZA HOUSE, INC.	
SECOND: It is income	orporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, is	Restaurant	
FOURTH: If foreig	n corporation, address of its pr	rincipal office	
	ddress in Rhode Island 20	South Angell Street,	Providence.
SIXTH: Names an	d addresses of its directors and	Officers: Address (including num	(Attach rider if necessary) ther, street, zip code)
	Director		
No Directors	Director		
	Director		
Aristotelis Tso	nis President	15 High View Drive,	Smithfield, RI
Anastasios Thom	aidis Vice Preside	ent 19 Hillside Avenue,	Providence, RI
Aristotelis Tso	nis Secretary	15 High View Drive,	Smithfield, RI
Anastasios Thom	aidis Treasurer	19 Hillside Avenue,	Providence, RI
SEVENTH: Number	er of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
300	Common	MAK 0 2 1888	No par
		SECT OF STATE	
Eighth: Number	of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
200	Common		No par
Dated January 2		MINERVA PIZZA HOUSE, (Name of Corporation) By Aristotelis Tsonis	
(Report must b	e signed by an officer)	President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MAIL PROVIDENCE, RHODE ISLAND 02903

Corporate ID11270	•••••••	Annual Report fo	r the year 1988
FIRST: The name of the corporation	is. MINER	RVA PIZZA HOUSE, I	NC.
SECOND: It is incorporated under the	ie laws ofR	hode Island	
THIRD: Character of business, briefl	y stated, isR	estaurant	······
FOURTH: If foreign corporation, add	lress of its pri	ncipal office	
FIFTH: Business address in Rhode Is	sland 20	South Angell Stre	et, Providence,
Rhode Island 02906	• • • • • • • • • • • • • • • • • • • •	······································	
SIXTH: Names and addresses of its o	lirectors and o		(Attach rider if necessary)
	Director		
No Directors	Director		
	Director		
Aristotelis Tsonis	President	15 High View Dr.	ive, Smithfield, RI
Anastasios Thomaidis	Vice Presiden		
7	Secretary		ive, Smithfield, RI
Anastasios Thomaidis	Treasurer		nue, Providence, RI
SEVENTH: Number of Shares author	ized:		Par Value
No. of Shares Class		Series	or statement that shares are without
300 Common		venes.	par value No par
			No pur
Еіднтн: Number of Shares issued:	50 × 9	a 1885 -	Par Value or statement that
No. of Shares Class	alida (Series	shares are without par value
200 Common	£ 1775		No par
Dated March 3, 19 8		ame of Corporation)	Jenes
(Report must be signed by an officer)	Tit	/ Aristotelis Ts tle President	sonis

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID	/ 11270		Annual Report fo	r the year 1986 1989
First:	The name of the con	poration isMIN	ERVA PIZZA HOUSE,	INC.
SECOND:	It is incorporated	under the laws of	Rhode Island	
THIRD:	Character of busine	ss, briefly stated, is	Restaurant	
Fourth:	If foreign corpora	tion, address of its pri	ncipal office	
	Business address in Island 02865		Front Street, Lir	coln,
Ѕіхтн:	Names and addresse Name	es of its directors and		(Attach rider if necessary) ing number, street, zip code)
	•••••••••••••••••••••••••••••••••••••••	Director		
No Direct	ors	Director		
		Director		
Aristotel	lis Tsonis	President	15 High View Dri	ve, Smithfield, RI
.Anas.tas.ic	os Thomaidis	Vice Presider	nt 19 Hillside Aver	nue, Providence, RI
.Aris.totel	lis Tsonis	Secretary	15 High View Dri	ive, Smithfield, RI
Anastasio	sThomaidis	Treasurer	19 Hillside Aver	nue, Providence, RI
Seventh	: Number of Share	es authorized:		Par Value or statement that
No. of Sha 300	res	Class Common	Series	shares are without par value No Par
Еіднтн:	Number of Shares	issued: MAR X	S 1007	Par Value or statement hat shares are without
No of Sha	res	Class	Series	par value
200	(Common SECY ()	SWIE	No Par
Dated Feb	ruary 6,		MINERVA PIZZA HO	٠
		By	Aristotelis Tson	Banusi
(Re	port must be signed by a	in officer) Ti	tle President	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID	11270	*******************************	•••••••		Annuai Re	eport for the	year 1986
First: 1	The name of the	corporation	n is ^M	INE	RVA PIZZA HO	USE, INC	•
Second:	It is incorpora	ted ûnder tl	he laws of	f	Rhode Islan	đ	
THIRD:	Character of bu	siness, brief	ly stated,	is	Restaurant	•••••••••••••••••••••••••••••••••••••••	
Fourth:	If foreign corp	oration, add	dress of it	s prir	icipal office		
Fігтн: I		in Rhode I				et	
	Names and addr	esses of its o	directors a	and o	fficers:	ress (including num	(Attach rider if necessary)
No Dir	ectors	······	Director				
Aristotel	is Tsonis		President			w Drive,	Smithfield, RI Providence, RI
	is Tsonis		Secretary Treasure			•	Smithfield, RI Providence, RI
SEVENTH: No. of Share	Number of Sh	••••••		PAID	Series		Par Value or statement that shares are without par value No par
EIGHTH:	Number of Sha	res issued: Class	STATE	ō	Strice	_	Par Value or statement that shares are without par value
200		Common					No par
	bruary 13,		6	(Na:	MINERVA P. The of Corporation ATTS LOTEL ATTS LOTEL President	is Tsonis	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT OF

MINERVA PIZZA HOUSE, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is

MINERVA PIZZA HOUSE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

20 South Angell Street, Prov. RI 02906

and the name of its registered agent in Rhode Island at such address is same

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Restaurants Island, briefly stated, is

Sixth: The names and respective addresses of its directors and officers are:

Aristotelis Tsonis Director Anastasies ThomaidisDirector 15 High View Dr.Smithfield, R.I.

19 Hillside Ave. Prov. R. I.

Director

Director

Director

Director

Aristotelis Tsonis

President

as above

Anastasios Thomaidis

Vice President

as above

Secretary

Treasurer

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares

Series

Par Value per Share or Statement that

DAR URLUE

Form #1 11-8C

Eighth: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares

Class (Conmon)

Series

Par Value per Share or Statement that Shares are without Par Value

Dated

, 19

(NAME OF CORPORATION)

By Martaris Llowords

lts.

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is MINERVA PIZZA HOUSE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is operating as a bar and

restaurant.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1022 South Broadway, East Providence, Rhode 1sland.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Office

Address

no directors

Director

Director

Director

Aristotelis Tsonis

President

Sheila Lane, RFD 8, Smithfield, R.I.

Anastasios Thomaidis

Vice President 19 Hillside Ave., Prov., R.I.

Aristotelis Tsonis

Secretary

Sheila Lane, RFD 8, Smithfield, R.I.

Anastasios Thomaidis

Treasurer

19 Hillside Ave., Prov., R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

Par Value or statement that shares are without par value

No. of Shares 300

Class common

Series

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value or statement that shares are without par value

200

commong

no par value

Dated: Main 27

64 19 84

MINERVA PIZZA HOUSE, INC.

(Name of Cornoration)

9578E14.

Title Vice President/Treasurer

(Report must be signed by an officer)

If the corporation has changed to ogistered office and/or its registered agent, Form #9 must be filed, Please confact corporation Division for information, 277-3040 Filing feo: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

The name of the corporation is MINERVA PIZZA HOUSE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is operating as a bar and

restaurant.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1022 South Broadway, East Providence, Rhode Island.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name Office Address no directors Director Director Director Sheila Lane, RFD 8, Smithfield, R.J. Aristotelis Tsonis President Vice President 19 Hillside Ave., Prov., R.I. Anastasios Thomaidis Aristotelis Tsonis Secretary Sheila Lane, RED 8, Smithfield, R.I. 19 Hillside Ave., Prov., R.I. Anastasios Thomaidis Treasurer (If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

or statement that shares are without par value No. of Shares Series

300 common no par value

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without par value No. of Shares Class Series 200 no par value common

19 83 MINERVA PIZZA HOUSE, INC. (Name of Corporation)

Vice President/Treasurer (Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information, 277-3040