



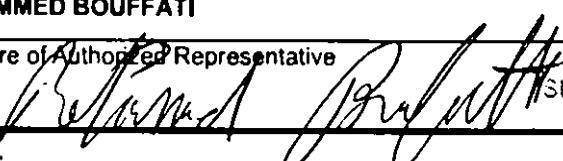
FILED

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.

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| | | | | | |
|---|---|---------------------|--|-------------------------|--|
| 1. Entity ID Number 000508026 | 2. Exact name of the Corporation BARRINGTON PIZZERIA INC | | | | |
| 3. Principal Office Address 188 COUNTY ROAD | City BARRINGTON | | State RI | Zip 02806 | |
| 4. NAICS Code 722513 | 6. Brief description of the character of business conducted in Rhode Island SANDWICH SHOP | | | | |
| 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 MOHAMMED BOUFFATI | | | Vice-President Name ELIZABETH MATO | | |
| Street Address 6 ANCHOR WAY | | | Street Address 6 ANCHOR WAY | | |
| City RIVERSIDE | State RI | Zip 02915 | City RIVERSIDE | State RI | Zip 02915 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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. | | | NUMBER OF SHARES | | Check the box to indicate an attachment <input type="checkbox"/> |
| | | | 500 | | CLASS/SERIES STK |
| Changes require an additional filing. | | | | | |
| 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Representative MOHAMMED BOUFFATI | | | | Date 06/10/20 | |
| Signature of Authorized Representative  | | | | | |
| SIGN DOCUMENT HERE | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov