



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

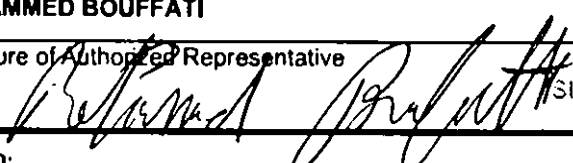
FILED**Annual Report for the year: 2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JUL 08 2020
BY 2595
102

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 Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>STK</td> <td>0.001</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	STK	0.001			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
500	STK	0.001												
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 MOHAMMED BOUFFATI				Date 06/10/20										
Signature of Authorized Representative  SIGN DOCUMENT HERE														