	State of Rhode Office of the Secreta		Fee: \$50.00	
	Division Of Business			
	148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-304			
Limited Liability Com	inaniy			
Annual Report	ipany			
Filing Period: September 1	- November 1			
	7-16-66(d), each limited liability com			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR:	<u>2020</u>			
1. ID No. <u>00013249</u>	<u>1</u>			
2. Exact Name of the Limited Liability Company <u>ANTONIO'S PIZZA - TEXAS, LLC</u>				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download				
0	e information on <u>NAICS</u> can be found		le entity. Download	
722513				
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	in Rhode Island	
TO OWN AND OPERATE A PIZZA RESTAURANT				
<u>10 OWN AND OPERA</u>	TE A PIZZA RESTAURANT			
5. Principal Office Addre	SS			
No. and Street: 7610	POST ROAD, UNIT 2			
	BOX 1139 TH KINGSTOWN	to DI 7: 02952		
City or Town: <u>NOR</u>	TH KINGSTOWN Sta	ite: <u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact				
	<u>POST ROAD, UNIT 2</u> BOX 1139			
		te: <u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Addre	ss	
	First Middle, Last, Suffix	Address, City or Town, Sta		

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

COLLEEN C. BORGES 7610 POST ROAD, #4 P.O. BOX 1139 NORTH KINGSTOWN, RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of September, 2020 at 12:35:33 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>KIM SALZILLO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved