	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
Providence RI 02904-2615			
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report			
Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		-
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00166052</u>	5		
2. Exact Name of the Limited Liability Company Filippou's Twisted Pizza Wakefield, LLC			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>722511</u>			
4. Brief Description of th	e Character of the Business Which	ו is Actually Conducte	ed in Rhode Island
FULL SERVICE REST	AURANT		
5. Principal Office Addre	SS		
No. and Street: 28 T	OWER HILL ROAD		
		e: <u>RI</u> Zip: <u>02879</u>	Country: USA
6. Mailing Address of Li	mited Liability Company and Name	ar Title of Contact P	erson:
Contact Name: EFFIE L	OPEZ Contact Title:		
	OWER HILL ROAD		
City or Town: WAK	<u>EFIELD</u> State	e: <u>RI</u> Zip: <u>02879</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	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EFFIE A. FILIPPOU <u>28 TOWER HILL ROAD</u> <u>WAKEFIELD</u>, <u>RI</u> <u>02879</u>

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

Signed this 29 Day of September, 2020 at 4:29:44 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 EFFIE LOPEZ

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved