



State of Rhode Island

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.

OCT 20 2020

BY

9702
2020

1. Entity ID Number 000108534		2. Exact name of the Corporation Leo's Pizzeria & Deli, Inc.			
3. Principal Office Address 365 Hope St.			City Bristol	State RI	Zip 02809
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Full service restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Mancieri			Vice-President Name NA		
Street Address 94-2 Sandy Point Farm Rd			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name NA			Treasurer Name NA		
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 NA			Director Name NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NA			Director Name NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		none	no
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 Paul Mancieri					Date 10/13/2020
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020