



State of Rhode Island
Department of State - Business Services Division

FILED

NOV 04 2020 **STAMP**

BY _____

Annual Report for the year: 2020
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001694212		2. Exact name of the Limited Liability Company Crazy Pizza, LLC			
3. NAICS Code 722513		4. Brief description of the character of business conducted in Rhode Island Pizza and Sandwich Shop			
5. State of Formation Rhode Island					
6. Principal Office Address 1702 Mendon Road			City Cumberland	State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Naim Darazi			Contact Title Member		
Street Address 1702 Mendon Road			City Cumberland	State RI	Zip 02864
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate Changes require filing Form 642.					
<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 Person Naim Darazi				Date 10/1/20	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov