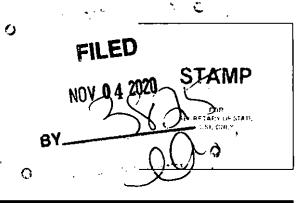


Annual Report for the year: 2020
Limited Liability Company

→ 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	2. Exact name of the Limited Liability Company					
001694212	Crazy Pizza, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
722513	Pizza and Sandwich Shop					
5. State of Formation	]					
Rhode Island						
6. Principal Office Address			City	State	Zip	
1702 Mendon Road			Cumberland	RI	02864	
7. Mailing Address of Limited Li	ability Compa	ny and Name o				
Contact Name Naim Darazi			Contact Title Member	Contact Title Member		
Street Address 1702 Mendon Road			City Cumberland	State RI	<sup>Zip</sup> 02864	
8. List ALL managers (names a	and addresses	) of the Limited	d Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	1	1		Check the box to	indicate an attachment	
9. The Resident Agent informat	ion currently o	of record with the	he RI Department of State is accu	urate Changes requi	re filing Form 642.	
Under penalty of perjury, I de statements, and that all state			e examined this report, including true and correct.	ng any accompanyi	ng schedules and	
Name of Authorized Person Naim Darazi				Date	11/20	
Signature of Authorized Person		5	>			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov