RI SOS Filing Number 202192614430 Date: 2/22/2021 3:43:00 PM .State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2021 RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV Corporation → Filing period: January 1 - March 1 2021 FEB 17 AM 11: 54 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number 2. Exact name of the Corporation 000901373 SAINT PAUL CORPORATION 3. Principal Office Address City State Zip **PAWTUCKET** RI 02861 6. Brief description of the character of business conducted in Rhode Island PIZZA AND SUB SHOP

11 BENEFIT STREET 4. NAICS Code 722513 State of Incorporation **RHODE ISLAND** 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name RAYMOND SAAD Vice-President Name Street Address 11 BENEFIT STREET Street Address State RI City PAWTUCKET Žip 02861 City State Zip Secretary Name Treasurer Name Street Address Street Address City State Ζιp City State Zip 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name RAYMOND SAAD Director Name Street Address 11 BENEFIT STREET Street Address State RI <sup>Zip</sup>02861 City PAWTUCKET Zip City State Director Name **Director Name** Street Address Street Address City State City Zip Zin State 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the CLASS/SERIES PAR VALUE Department of State. 1000 COMMON 1.00 Changes require an additional fillng. 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 Date 2021 FEB 22 PM 3: 41 RAYMOND SAAD 02/09/2021 Signature of Authorized Representative R.I. DEPT OF STATE BUS SVCS DIV

MAIL TO:

Division of Business Services

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