RI SOS Filing Number: 202193561300 Date: 3/3/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ 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			
000312380	TOP THIS! PIZZA CRUST, INC.			
3. Principal Office Address		City	State	Zip
PO Box 6044		Providence	RI	02940
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
311999	Pizza crust manufacturer			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Roger M. Dwyer			Vice-President Name: Roger M. Dwyer		
Street Address: 182 Ferry Landing Circle			Street Address: 182 Ferry Landing Circle		
City: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871
Secretary Name: Roger M. Dwyer			Treasurer Name: Roger M. Dwyer		
Street Address: 182 Ferry Landing Circle			Street Address: 182 Ferry Landing Circle		
City: Portsmouth	State: RI	Zip: 02871	City: Portsmouth	State: RI	Zip: 02871

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Roger M. Dwyer			Director Name		
Street Address: 182 Ferry Landing Circle			Street Address		
City: Portsmouth	State: RI	Zip: 02871	City	State	Zip
Director Name			Director Name		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
75,000	Common	.01

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
Roger M. Dwyer	1-27-21

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