



State of Rhode Island

Department of State - Business Services Division

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.

Filing
JUN 04 2021 STA 02BY 212436

1. Entity ID Number <u>000129307</u>		2. Exact name of the Corporation <u>AAA Pizzeria Inc.</u>	
3. Principal Office Address <u>2424 West Shore Rd</u>		City <u>Warwick</u>	State <u>Rh</u>
		Zip <u>02889</u>	
4. NAICS Code <u>722513</u>	6. Brief description of the character of business conducted in Rhode Island <u>To engage in the business of operating a pizza restaurant</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Armen Terzian</u>		Vice-President Name <u>Armen Terzian</u>	
Street Address <u>32 Deirdra Ct</u>		Street Address <u>32 Deirdra Ct</u>	
City <u>Warwick</u>	State <u>Rh</u>	City <u>Warwick</u>	State <u>Rh</u>
Zip <u>02889</u>		Zip <u>02889</u>	
Secretary Name <u>Armen Terzian</u>		Treasurer Name <u>Armen Terzian</u>	
Street Address <u>32 Deirdra Ct</u>		Street Address <u>32 Deirdra Ct</u>	
City <u>Warwick</u>	State <u>Rh</u>	City <u>Warwick</u>	State <u>Rh</u>
Zip <u>02889</u>		Zip <u>02889</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>1,000</u>	CLASS/SERIES <u>CNP</u>
		PAR VALUE <u>\$0.0000</u>	
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 <u>Armen Terzian</u>		Date <u>5/31/2021</u>	
Signature of Authorized Representative <u>Armen Terzian</u>			