



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.

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BUS SVCS DIV

2021 JUN 21 A 10:49

1. Entity ID Number 534288		2. Exact name of the Corporation ACES PIZZA INC.			
3. Principal Office Address 91 Bay View Drive P.O. Box 114		City JAMESTOWN	State R.I.	Zip 02835-0114	
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island PIZZA RESTAURANT AND Subs. SERVED.			
5. State of Incorporation Rhode Island		7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Joy E. VIEIRA		Vice-President Name SAME			
Street Address 91 Bay View Drive; P.O. Box 114		Street Address			
City JAMESTOWN	State R.I.	Zip 02835-0114	City	State	Zip
Secretary Name SAME		Treasurer Name SAME			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment		Director Name			
Director Name Joy E. VIEIRA		Director Name			
Street Address 91 Bay View Drive; P.O. Box 114		Street Address			
City JAMESTOWN	State R.I.	Zip 02835-0114	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized 1000		10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		NONE		Common	No PAR VALUE
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 Joy E. VIEIRA					Date 06/21/2021
Signature of Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 21 2021
 BY **OWBEMPY** FORM 630 - Revised: 08/2020