tate of Rhode Island Department of State - Business Services Division	FILED
RI SOS Filing Number: 202199379260 Date: 7/1	5/2021 4:00:00 PM

Annual Report for	the year:	2021
Corporation	•	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if for

1JUL 15 2021
134 A 9760

Penalty: Additional \$2: Entity ID Number		·				<u> </u>		
000108534		2. Exact name of the Corporation Leo's Pizzeria & Deli Inc.						
3. Principal Office Address		······································	City		State	Zip		
365 Hope St.			Bristol		RI	02809		
4. NAICS Code	6. Brief desc	ription of the char	acter of business con	nducted in Rhode Isl	and			
722513	Full service	e restaurant						
5. State of Incorporation								
RI								
7. List ALL officers (names a	nd addresses)			Check to	he box to indi	icate an attachment		
President Name Paul Mancie	eri	Vice-President Name						
Street Address			Street Address					
94-2 Sandy I	Point Farm Rd.							
City Portsmouth	State RI	^{Zip} 02871	City		State	Zip		
Secretary Name			Treasurer Name		 	<u></u>		
NA NA		NA						
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
8. List ALL directors (names	and addresses)			Check t	he box to ind	icate an attachment		
Director Name NA			Director Name N	IA				
Street Address			Street Address					
					Ta			
City	State	Zip	City		State	Zip		
Director Name			Director Name		I	<u> </u>		
NA NA	NA NA			A				
Street Address	eet Address Street Address							
City	State	Zip	City .	,.,	State	Zıp		
9. Shares Authorized	<u> </u>	10. Shares	l Issued	Check t	he box to ind	icate an attachment		
This information is currently	of record in the		OF SHARES	CLASS/SERIES		PAR VALUE		
Department of State.		100						
Changes require an additiona	il filing.							
11. This report must be exec	cuted on behalf of the	e compression by a	n authorized represe	ntative. If the como	ration is in the	e hands of a receiver or		
trustee, this report must be	executed on behalf o	f the corporation I	by the receiver or trus	stee.		···		
Under penalty of perjury, I				cluding any accom	panying sch	edules and		
statements, and that all st Name of Authorized Repres		nerein are true	and correct.		Date			
Paul Mancieri				07/11/2021				
Signature of Authorized Rep	oresentative			<u> </u>				
	11							

MAIL TO: Division of Business Services

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

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