



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.

FILED

JUL 15 2021

BY 9760

1. Entity ID Number 000108534		2. Exact name of the Corporation Leo's Pizzeria & Deli Inc.			
3. Principal Office Address 365 Hope St.			City Bristol	State RI	Zip 02809
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Full service restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Paul Mancieri			Vice-President Name NA		
Street Address 94-2 Sandy Point Farm Rd.			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name NA			Treasurer Name NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name NA			Director Name NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NA			Director Name NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100			
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 Paul Mancieri					Date 07/11/2021
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