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Department of State - Business Services Division

2021 OCT 27 A 4 12,

Annual Report for the year: $\frac{2021}{}$ **Limited Liability Company**

- → Filing period. September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001694212	Exact name of the Limited Liability Company Crazy Pizza, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
722513	Pizza & Sandwich Shop				
5. State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
1702 Mendon Rd			Cumberland	RI	02864
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Naim Darazi			Contact Title member		
Street Address 1702 Mendon Rd			City Cumberland	State RI	^{Zip} 02864
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>	<u> </u>	<u> </u>	Check the box to	ndicate an attachment
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Person Date					
Naim Darazi					
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov FILED OCT 27 2021

BY(1 CL# 4252)