



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

RECEIVED
 DEPT. OF STATE
 BUS SVCS DIV.
 2021 DEC -3 A 9:38
 2021 NOV -8B 11:48

1. Entity ID Number 000122444		2. Exact name of the Corporation H&H PIZZA INC	
3. Principal Office Address 20 SOUTH ANGELL STREET		City PROVIDENCE	State RI
		Zip 02906	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island FULL SERVIC RESTURANT		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name KABALAN HABCHI		Vice President Name KABALAN HABCHI	
Street Address 73 LONGVIEW DRIVE		Street Address 73 LONGVIEW DRIVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		8000 COMMOM 0	
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 Kabalan T. Habchi		Date 10/29/21	
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

FILED

DEC 03 2021

BY **CA DWJ/A**

FORM 630 - Revised: 08/2020

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