



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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MAR 23 2022
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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000129307</u>		2. Exact name of the Corporation <u>AAA Pizzeria Inc.</u>			
3. Principal Office Address <u>2424 West Shore Rd.</u>			City <u>Warwick</u>	State <u>Rh</u>	Zip <u>02889</u>
4. NAICS Code <u>722513</u>		6. Brief description of the character of business conducted in Rhode Island <u>To engage in the business of operating a pizza restaurant</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name <u>Armen Terzian</u>			Vice-President Name <u>None</u>		
Street Address <u>32 Deirdra Ct.</u>			Street Address		
City <u>Warwick</u>	State <u>Rh</u>	Zip <u>02889</u>	City	State	Zip
Secretary Name <u>Armen Terzian</u>			Treasurer Name <u>Armen Terzian</u>		
Street Address <u>32 Deirdra Ct.</u>			Street Address <u>32 Deirdra Ct.</u>		
City <u>Warwick</u>	State <u>Rh</u>	Zip <u>02889</u>	City <u>Warwick</u>	State <u>Rh</u>	Zip <u>02889</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>None</u>			Director Name <u>None</u>		
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>1,000</u>		<u>CNP</u>	<u>\$ 0.0000</u>
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 <u>Armen Terzian</u>					Date <u>3/20/2022</u>
Signature of Authorized Representative <u>Armen Terzian</u>					