



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
APR 14 2022

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2022 APR 14 P 2:05

1. Entity ID Number 00508026		2. Exact name of the Corporation BARRINGTON PIZZERIA INC												
3. Principal Office Address 188 COUNTY ROAD			City BARRINGTON	State RI	Zip 02806									
4. NAICS Code 7222513		6. Brief description of the character of business conducted in Rhode Island SANDWICH SHOP												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name MOHAMMED BOUFFATI			Vice-President Name ELIZABETH MATO											
Street Address 6 ANCHOR WAY			Street Address 6 ANCHOR WAY											
City PROVIDENCE	State RI	Zip 02905	City RIVERSIDE	State RI	Zip 02915									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>STK</td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	STK	0.01			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
500	STK	0.01												
Changes require an additional filing.														
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 MOHAMMED BOUFFATI				Date 4/8/2022										
Signature of Authorized Representative <i>[Signature]</i>														

FILED

APR 14 2022

BY

OFFICE
2:05

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: 11/2021