

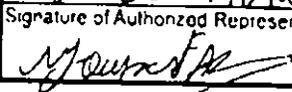
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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 DEC -2 PM 12:12

 State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number 000702372		2. Exact name of the Corporation 5 HERB PIZZA INC			
3. Principal Office Address 500 Dyer Ave			City Cranston	State RI	Zip 02920
4. NAICS Code 445299		6. Brief description of the character of business conducted in Rhode Island Pizza Parlor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Youssef AlMall			Vice-President Name Mohamad Wahbe		
Street Address 500 Dyer Ave			Street Address 500 Dyer Ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Fareek M AlMall			Treasurer Name Youssef Al-Mall		
Street Address 500 Dyer Ave			Street Address 500 Dyer Ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Youssef AlMall			Director Name		
Street Address 500 Dyer Ave			Street Address		
City Cranston	State RI	Zip 02920	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			500		Common
					0.01
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 Youssef AlMall				Date 12-1-22	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY OGYQF
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