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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	2. Exact name of the Corporation			
000702372	5 HERB PIZZA INC			
3. Principal Office Address		City	State	Zip
500 Dyer Ave		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445299	Pizza Parlor			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Youssef AlMall	Mohamad Wahbe
Street Address	Street Address
500 Dyer Ave	500 Dyer Ave
City / State / Zip	City / State / Zip
Cranston / RI / 02920	Cranston / RI / 02920
Secretary Name	**Treasurer Name**
Fareuk M AlMall	Youssef Al-Mall
Street Address	Street Address
500 Dyer Ave.	500 Dyer Ave
City / State / Zip	City / State / Zip
Cranston / RI / 02920	Cranston / RI / 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Youssef AlMall	
Street Address	Street Address
500 Dyer Ave	
City / State / Zip	City / State / Zip
Cranston / RI / 02920	
Director Name	**Director Name**
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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: Youssef Al

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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FORM 630 - Revised: 08/2020