RI SOS Filing Number: 202327719940 Date: 2/3/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation ~~2023~~

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

FILED A.R.
FEB 03 2023
BY SOG

1. Entity ID Number	2. Exact name of the Corporation		
57202	TRIAD PIZZA, INC.		
3. Principal Office Address	City	State	Zip
250 Mendon Road	Cumberland	RI	02864-0000
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
722511	to operate a restaurant		
5. State of Incorporation			
RI			

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

President Name			Vice-President Name		
John Eno			John Eno		
Street Address			Street Address		
250 Mendon Road			250 Mendon Road		
City / State / Zip			City / State / Zip		
Cumberland	RI	02864-	Cumberland	RI	02864-
Secretary Name			Treasurer Name		
John Eno			John Eno		
Street Address			Street Address		
250 Mendon Road			250 Mendon Road		
City / State / Zip			City / State / Zip		
Cumberland	RI	02864-	Cumberland	RI	02864-

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

Director Name			Director Name		
John Eno			none		
Street Address			Street Address		
250 Mendon Road			none		
City / State / Zip			City / State / Zip		
Cumberland	RI	02864-	none	none	none
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City / State / Zip			City / State / Zip		
none	none	none	none	none	none

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.	100	Common	No Par

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		Date
John Eno	President	1/04/2023

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

FORM 630 - Revised: 11/2021