



State of Rhode Island
Department of State - Business Services Division

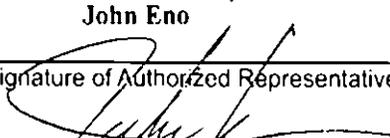
Annual Report for the year: 2023
Corporation

FILED 3.11.23

FEB 03 2023

BY S06

- 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 57202		2. Exact name of the Corporation TRIAD PIZZA, INC.			
3. Principal Office Address 250 Mendon Road			City Cumberland	State RI	Zip 02864-0000
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island to operate a restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Eno			Vice-President Name John Eno		
Street Address 250 Mendon Road			Street Address 250 Mendon Road		
City Cumberland	State RI	Zip 02864-	City Cumberland	State RI	Zip 02864-
Secretary Name John Eno			Treasurer Name John Eno		
Street Address 250 Mendon Road			Street Address 250 Mendon Road		
City Cumberland	State RI	Zip 02864-	City Cumberland	State RI	Zip 02864-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Eno			Director Name none		
Street Address 250 Mendon Road			Street Address none		
City Cumberland	State RI	Zip 02864-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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
			100		Common
			PAR VALUE		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. <i>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.</i>					
Name of Authorized Representative John Eno 				Date 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