



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

STAMP

Corporation

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

RECEIVED FOR SECRETARY OF STATE
 DEPT. OF STATE
 USE ONLY

1. Entity ID Number 001673718		2. Exact name of the Corporation Supreme Cheese Pizzeria and Ristorante, Inc.		2023 FEB 14 A 11:07	
3. Principal Office Address 157 Granite Street			City Westerly	State RI	Zip 02891
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant activities.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Nestor Xhupi			Vice-President Name		
Street Address 157 Granite Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Nestor Xhupi			Treasurer Name Nestor Xhupi		
Street Address 157 Granite Street			Street Address 157 Granite Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		Shares with Par Value			
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 Nestor Xhupi				Date 02/06/2023	
Signature of Authorized Representative 				FILED FEB 14 2023	

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

BY CL 2454
 11:07