



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 FEB 27 2023
 BY 228057
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1. Entity ID Number 000129307		2. Exact name of the Corporation AAA Pizzeria Inc.			
3. Principal Office Address 2424 West Shore Rd			City Warwick	State RI	Zip 02889
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OPERATING A PIZZA RESTAURANT			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Armen Terzian			Vice-President Name None		
Street Address 32 Deirdra Ct			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Armen Terzian			Treasurer Name Armen Terzian		
Street Address 32 Deirdra Ct			Street Address 32 Deirdra Ct		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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 <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE \$0.00
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 Armen Terian				Date 02/23/2023	
Signature of Authorized Representative 					