



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

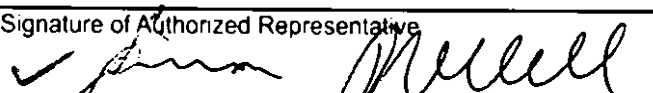
Corporation

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

STAMP

MAY 08 2023

184

1. Entity ID Number 001726262		2. Exact name of the Corporation MAD GOOD PIZZA, INC			
3. Principal Office Address 155 RYAN AVENUE			City WARWICK	State RI	Zip 02889
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island 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 SIMON MARSHALL			Vice-President Name ROBERTO ALVAREZ		
Street Address 115 RYAN AVENUE			Street Address 32 MARYLAND AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02888
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 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
			4		PNP
					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. 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 SIMON MARSHALL					Date 5/5/23
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