



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

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

REC'D RIDOS BSD
24 FEB 15 PM 2:17:01

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
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 John Eno		Vice President Name	
Street Address 250 Mendon Road		Street Address 250 Mendon Road	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary John Eno		Treasurer Name	
Street Address 250 Mendon Road		Street Address 250 Mendon Road	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director John Eno		Director Name	
Street Address 250 Mendon Road		Street Address none	
City Cumberland	State RI	City none	State none
Zip 02864		Zip none	
Director name		Director Name	
Street Address none		Street Address none	
City none	State none	City none	State none
Zip none		Zip none	
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	CLASS/SERIES
		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 John Eno President			Date 1/04/2024
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

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BY APFRd