



State of Rhode Island  
Department of State - Business Services Division

2024

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312112

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.

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President John Eno			Vice President Name		
Street Address 250 Mendon Road			Street Address 250 Mendon Road		
City Cumberland	State RI	Zip 02864-	City Cumberland	State RI	Zip 02864
Secretary John Eno			Treasurer Name		
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director John Eno			Director Name		
Street Address 250 Mendon Road			Street Address none		
City Cumberland	State RI	Zip 02864-	City none	State none	Zip none
Director none			Director Name		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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.					
<b>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.</b>					
Name of Authorized Representative  John Eno  President				Date 1/04/2024	
Signature of Authorized Representative 				FILED	

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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