RI SOS Filing Number: 202447807460 Date: 3/1/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

MAR 01 2024 BL

513

1. Entity ID Number	2. Exact name of the Corporation
001716121	MORNING GLORY INC

3. Principal Office Address	City	State	Zip
191 SOCIAL STREET, SUITE 280	WOONSOCKET	RI	02895

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	FAST FOOD RESTAURANT -PIZZA SHOP
5. State of Incorporation	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
SAMUEL ZAKI	
Street Address: 167 BLACKSTONE STREET	Street Address:
City: BLACKSTONE State: MA Zip: 01504	City: State: Zip:
Secretary Name	Treasurer Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
SAMUEL ZAKI	
Street Address: 167 BLACKSTONE STREET	Street Address:
City: BLACKSTON State: MA Zip: 01504	City: State: Zip:
Director Name	Director Name
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	CWP	$0.0100

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	Date
SAMUEL ZAKI	2/26/24

Signature of Authorized Representative

Samuel Abdel Zaki

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

FORM 630 - Revised: 2/2023