



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.

FILED

RECEIVED MAR 04 2024
RI DEPT. OF STATE
BUS SVCS DIV.

BY

2024 FEB 20 P 2:20

1. Entity ID Number 000083312		2. Exact name of the Corporation THE NORTH END PIZZERIA, INC.	
3. Principal Office Address 3030 East Main Road		City Portsmouth	State RI
		Zip 02871	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island To Operate a Restaurant, Pizzeria, Sell Food Products		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Ryan D. Sinclair		Vice-President Name Nicholas D. Sinclair	
Street Address 3030 East Main Road		Street Address 3030 East Main Road	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
Secretary Name Ryan D. Sinclair		Treasurer Name Ryan D. Sinclair	
Street Address 3030 East Main Rd.		Street Address 3030 East Main Rd.	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		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
		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 Ryan D. Sinclair			Date 2/14/2024
Signature of Authorized Representative 			