



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.

REC'D-RI DOS BSI
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A&P

1. Entity ID Number 001673718		2. Exact name of the Corporation Supreme Cheese Pizzeria and Ristorante, Inc.			
3. Principal Office Address 157 Granite Street			City Westerly	State RI	Zip 02891
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island Restaurant activities.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Nestor Xhupi			Vice-President Name		
Street Address 157 Granite Street 60 Sherwood Drive			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Nestor Xhupi			Treasurer Name Nestor Xhupi		
Street Address 157 Granite Street 60 Sherwood Drive			Street Address 157 Granite Street 60 Sherwood Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Nestor Xhupi			Director Name		
Street Address 60 Sherwood Drive			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common Shares	PAR VALUE 0.01 par value
Changes require an additional filing.					
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 Nestor Xhupi				Date 03/03/2024	
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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BY **5H1ZT**
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