



State of Rhode Island
Department of State - Business Services Division

REC'D-RIDOS BSI
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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.

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				Check the box to indicate an attachment <input type="checkbox"/>
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 Shares	0.01 par value	
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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