



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
CorporationAPR 09 2024 **STAMP**

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

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1. Entity ID Number 001754354		2. Exact name of the Corporation M&T PIZZERIA CORPORATON	
3. Principal Office Address 271 Wood Street		City Bristol	State RI
		Zip 02809	
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island Operation of pizzeria restaurant		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tina Micheletti		Vice-President Name Mark Micheletti	
Street Address 271 Wood Street		Street Address 271 Wood Street	
City Bristol	State RI	Zip 02809	City Bristol
		State RI	Zip 02809
Secretary Name Mark Micheletti		Treasurer Name Tina Micheletti	
Street Address 271 Wood Street		Street Address 271 Wood Street	
City Bristol	State RI	Zip 02809	City Bristol
		State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Tina Micheletti		Director Name	
Street Address 271 Wood Street		Street Address	
City Bristol	State RI	Zip 02809	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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	
		C: ASS/SERIFS	
		PAR VALUE	
		1,000	CNP
			0.00
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 Tina Micheletti		Date 3/4/24	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services
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 Website: www.sos.n.gov