



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.

APR 09 2024
5131

1. Entity ID Number 000801477			2. Exact name of the Corporation KEM PIZZERIA CORPORATION											
3. Principal Office Address 271 Wood Street			City Bristol	State RI	Zip 02809									
4. NAICS Code 722511		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			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.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> <tr> <td style="text-align:center">1.000</td> <td style="text-align:center">STK</td> <td style="text-align:center">\$0.0100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1.000	STK	\$0.0100			
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1.000	STK	\$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 Tina Micheletti				Date 3/24/24										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov