



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

APR 18 2024

BY

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1. Entity ID Number 000097199		2. Exact name of the Corporation PRIMO PIZZA, INC.			
3. Principal Office Address 43 Broad Street			City Westerly	State RI	Zip 02891
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operating Restaurant and Pub			
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 Rosario Cacciatore			Vice-President Name		
Street Address 7 Aitchison Drive			Street Address		
City New London	State CT	Zip 06320	City	State	Zip
Secretary Name Rosario Cacciatore			Treasurer Name Rosario Cacciatore		
Street Address 7 Aitchison Drive			Street Address 7 Aitchison Drive		
City New London	State CT	Zip 06320	City New London	State CT	Zip 06320
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Rosario Cacciatore			Director Name		
Street Address 7 Aitchison Drive			Street Address		
City New London	State CT	Zip 06320	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"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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				Date 4/9/24	
Signature of Authorized Representative Rosario Cacciatore					

MAIL TO:

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