

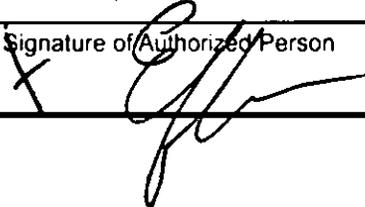


**State of Rhode Island  
Department of State - Business Services Division**

**FILED**  
MAY 21 2024  
BY 8720  
DS

Annual Report for the year: 2024  
Limited Liability Company

- 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<br><b>001709921</b>  |  | 2. Exact name of the Limited Liability Company<br><b>FILIPPOU'S PIZZA NORTH KINGSTOWN, LLC</b>   |                        |
| 3. NAICS Code<br><b>725111</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Full service restaurant with take out and dine in services</b> |                        |
| 5. State of Formation<br><b>Rhode Island</b>   |  |  |                        |
| 6. Principal Office Address<br><b>670 Ten Rod Road</b>   |  | City<br><b>North Kingstown</b>   | State<br><b>RI</b>     |
| Zip<br><b>02852</b>  |  |  |                        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                        |
| Contact Name<br><b>Effie Lopez</b>   |  | Contact Title<br><b>Owner-Member</b>   |                        |
| Street Address<br><b>670 Ten Rod Road</b>  |  | City<br><b>North Kingstown</b>   | State<br><b>RI</b>     |
| Zip<br><b>02852</b>  |  |  |                        |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |  |                        |
| 9. <i>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.</i> |  |  |                        |
| Name of Authorized Person<br><b>Effie Lopez</b>  |  |  | Date<br><b>4/24/24</b> |
| Signature of Authorized Person<br>   |  |  |                        |

**MAIL TO:**  
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