



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 JUN 27 PM 12:54:22

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 <b>010805</b>	2. Exact name of the Corporation <b>SPRING Street Market and PIZZA INC</b>
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3. Principal Office Address <b>1 SPRING Street</b>	City <b>HOPKINSVILLE</b>	State <b>RI</b>	Zip <b>02832</b>
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4. NAICS Code <b>722613</b>	6. Brief description of the character of business conducted in Rhode Island <b>Food service</b>
5. State of Incorporation	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>BOUTROS MAIKO</b>			Vice-President Name <b>BOUTROS MAIKO</b>		
Street Address <b>SPRING Street</b>			Street Address		
City <b>HOPKINSVILLE</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Same</b>	State	Zip
Secretary Name			Treasurer Name		
Street Address <b>Same</b>			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>400</b>	<b>STK</b>	<b>0</b>

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 <b>6-26-24</b>
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Signature of Authorized Representative <b>Boutros Maiko</b>	<b>FILED</b> <b>JUN 27 2024</b>
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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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