

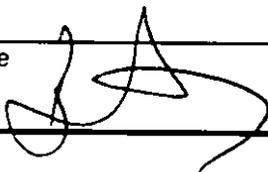


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation _____

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

REC'D RIDOS BSD
24 NOV 22 AM 11:31:49

1. Entity ID Number 001742748		2. Exact name of the Corporation Down City Pizza Inc			
3. Principal Office Address 53 Weybosset Street			City Providence	State RI	Zip 02903
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bulent Bayik			Vice-President Name		
Street Address 181 West Street			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Secretary Name Bulent Bayik			Treasurer Name Bulent Bayik		
Street Address 181 West Street			Street Address 181 West Street		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	\$.0	
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 Bulent Bayik, President				Date 11/20/2024	
Signature of Authorized Representative 				FILED NOV 22 2024 BY JUST AA 11:32 AM	