



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2025 JAN 10 AM 11:27

1. Entity ID Number 62180		2. Exact name of the Corporation J. Palmieri Pizzeria + Ice Cream INC			
3. Principal Office Address 1999 Plainfield Pike		City Johnston		State R.I.	Zip 02919
4. NAICS Code 0504562100		6. Brief description of the character of business conducted in Rhode Island restaurant / pizza			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Joseph Palmieri			Vice-President Name Lynn Palmieri		
Street Address 5 Rose Bush Circle			Street Address 5 Rose Bush Circle		
City Cranston	State R.I.	Zip 02921	City Cranston	State R.I.	Zip 02921
Secretary Name Joseph Palmieri			Treasurer Name Joseph Palmieri		
Street Address 5 Rose Bush Circle			Street Address 5 Rose Bush Circle		
City Cranston	State R.I.	Zip 02921	City Cranston	State R.I.	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment			
		NUMBER OF SHARES		CLASS/SERIES	
		2000		_____	
		None		_____	
				PAR VALUE	
				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 Joseph Palmieri					Date 9/1/24
Signature of Authorized Representative [Signature] President					

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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