



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2024
Corporation

2025 JAN 10 AM 11:27

- 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 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 Cruxton		State R.I.	Zip 02921	City Cruxton	
State R.I.		Zip 02921		State R.I.	
Zip 02921		City Cruxton		State R.I.	
State R.I.		Zip 02921		City Cruxton	
City Cruxton		State R.I.	Zip 02921	City Cruxton	
State R.I.		Zip 02921		State R.I.	
Zip 02921		City Cruxton		State R.I.	
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		State	
Zip		City		State	
State		Zip		City	
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
9. Shares Authorized					
10. Shares Issued			Check the box to indicate an attachment		
NUMBER OF SHARES			CLASS/SERIES	PAR VALUE	
2000			---	0	
Changes require an additional filing.			None		
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 <i>[Signature]</i>				President FILED	

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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