

State of Rhode Island Department of State - Business Services Division

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Annual Report for the year: Limited Liability Company

: <u>3024</u>

→ 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	2. Exact name of the Limited Liability Company			
001717363	Mr. Pizza LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
722513	Take out only pizza and salads made from scratch			
5 State of Formation	made from scratch			
RI				
6. Principa! Office Address		City	State	Zip
49 Beach St Unit 5		westerly	<u> </u>	03891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
David Allen Reeveo		Owner		
Street Address U(1 Beach St With 5		City	State T.	Zip 2011
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642				
9. 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 Person		Date		
David Allen	reeves		2/13/25	
Signature of Authorized Person				
And Man				

FILED

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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 FEB 1 9 2025 BY 99 (& M)

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