



State of Rhode Island  
Department of State - Business Services Division

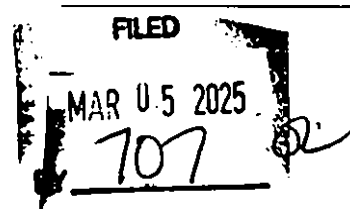
Annual Report for the year: 2025

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<br>000083312  |             | 2. Exact name of the Corporation<br>THE NORTH END PIZZERIA, INC.   |   |              |                 |
| 3. Principal Office Address<br>3030 East Main Road  |             | City<br>Portsmouth   |   | State<br>RI  | Zip<br>02871    |
| 4. NAICS Code<br>722511   |             | 6. Brief description of the character of business conducted in Rhode Island<br>To Operate a Restaurant, Pizzeria, Sell Food Products |   |              |                 |
| 5. State of Incorporation<br>Rhode Island   |             |  |   |              |                 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |  |   |              |                 |
| President Name<br>Ryan D. Sinclair  |             |  | Vice-President Name<br>Nicholas D. Sinclair |              |                 |
| Street Address<br>3030 East Main Road   |             |  | Street Address<br>3030 East Main Road       |              |                 |
| City<br>Portsmouth  | State<br>RI | Zip<br>02871   | City<br>Portsmouth                          | State<br>RI  | Zip<br>02871    |
| Secretary Name<br>Ryan D. Sinclair  |             |  | Treasurer Name<br>Ryan D. Sinclair          |              |                 |
| Street Address<br>3030 East Main Rd.  |             |  | Street Address<br>3030 East Main Rd.        |              |                 |
| City<br>Portsmouth  | State<br>RI | Zip<br>02871   | City<br>Portsmouth                          | State<br>RI  | Zip<br>02871    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |  |   |              |                 |
| Director Name<br>N/A  |             |  | Director Name<br>N/A                        |              |                 |
| Street Address  |             |  | Street Address                              |              |                 |
| City  | State       | Zip  | City  | State        | Zip             |
| Director Name<br>N/A  |             |  | Director Name<br>N/A                        |              |                 |
| Street Address  |             |  | Street Address                              |              |                 |
| City  | State       | Zip  | City  | State        | Zip             |
| 9. Shares Authorized <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.<br><br>Changes require an additional filing.  |             | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                |   |              |                 |
|   |             | NUMBER OF SHARES   |   | CLASS/SERIES |                 |
|   |             | 100  |   | Common       |                 |
|   |             |  |   | No Par       |                 |
| 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. |             |  |   |              |                 |
| <b>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.</b>                                       |             |  |   |              |                 |
| Name of Authorized Representative<br>Ryan D. Sinclair   |             |  |   |              | Date<br>2/28/25 |
| Signature of Authorized Representative<br>  |             |  |   |              |                 |

MAIL TO:

Division of Business Services

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