



State of Rhode Island

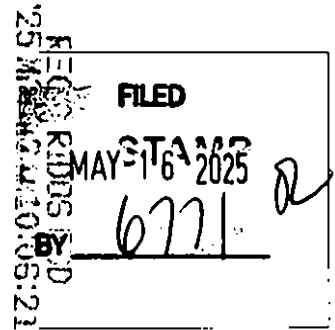
Department of State - Business Services Division

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 000515370		2. Exact name of the Corporation Plainfield Pike Products, Inc.	
3. Principal Office Address 1889 PLAINFIELD PIKE		City JOHNSTON	State RI
		Zip 02919	
4. NAICS Code 445291	6. Brief description of the character of business conducted in Rhode Island DONUT SHOP		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CHRISTOPHER J. RAZZA		Vice-President Name CHRISTOPHER J. RAZZA	
Street Address 47 GILCREST DRIVE		Street Address 47 GILCREST DRIVE	
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK
Secretary Name CHRISTOPHER J. RAZZA		Treasurer Name CHRISTOPHER J. RAZZA	
Street Address 47 GILCREST DRIVE		Street Address 47 GILCREST DRIVE	
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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
		NO PAR VALUE	
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 CHRISTOPHER J. RAZZA, PRESIDENT		Date 4/10/2025	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov