State of Rhode Island Fee: \$50.00						
State of Rhode Island Fee: \$50.00 Office of the Secretary of State						
Division Of Business Services						
148 W. River Street						
Providence RI 02904-2615						
(401) 222-3040						
Business Corporation Annual Report						
Filing Period: February 1 - May 1						
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.						
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025						
1. Corporate ID No. 000098424						
2. Name of Corporation C & E PIZZA INCORPORATED						
3. Street Address Principal Business Office:						
No. and Street: <u>3986 OLD POST RD</u>						
$\frac{POBOX 1439}{CHARLESTOWN} \qquad State DL = 7: 02012 \qquad Control LIGA$						
City or Town: <u>CHARLESTOWN</u> State: <u>RI</u> Zip: <u>02813</u> Country: <u>USA</u>						
4. Business Phone No.						
<u>4012181730</u>						
5. State of Incorporation						
State: <u>RI</u>						
NAICS CODE						
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.						
<u>722513</u>						
6. Brief Description of the Character of Business Conducted in Rhode Island						
<u>TO ENGAGE IN THE DISPENSING OF BEVERAGES AND FOOD, OPERATING AS A</u> <u>RESTAURANT</u>						
7. Names and Addresses of the Officers and Directors:						
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.						

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	ANNE MARIA DUPREY	53 SCAPA FLOW ROAD CHARLESTOWN, RI 02813 USA	
GENERAL MANAGER	STEVEN DUPREY	53 SCAPA FLOW RD CHARLESTOWN, RI 02813-3718 USA	
OTHER OFFICER	STEVEN W DUPREY	53 SCAPA FLOW RD CHARLESTOWN, RI 02813 UNI	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
STK		\$0.0000	2,000.00	2000

9. 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.

Signed this 24 Day of May, 2025 at 11:11:24 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By STEVEN W DUPREY

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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