




State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Limited Liability Company Annual Report for the year: 2015 2016 JUN 27 PM 3: 25
 Filing period: September 1 - November 1
 Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
170979		MG Pizza, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RI		Food - Pizza			
5. Principal Office Address		City	State	Zip	
1526 SMITH ST. North Providence RI		North Prov	RI	02911	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
MELIH BEKTAS			Owner		
Street Address		City	State	Zip	
1526 SMITH ST		North Pra	RI	02911	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person				Date	
MELIH BEKTAS				6/15/16	
Signature of Authorized Person					
					

FILED
 JUN 27 2016
 BY CR 277691
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