

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 81439      2. NAME OF CORPORATION Pizza Lucia, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 190 B THAMES STREET      CITY NEWPORT      STATE RI      ZIP CODE 02840

4. BUSINESS PHONE NO. (401) 847-6355      5. STATE OF INCORPORATION RHODE ISLAND      6. SIC CODE 3079

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND  
OPERATION OF RESTAURANT

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME MARCO TRAZZI			VICE PRESIDENT NAME FRANCESCA RUINI		
STREET ADDRESS 673 THAMES STREET			STREET ADDRESS 27 VAUGHAN AVG.		
CITY NEWPORT	STATE RI	ZIP CODE 02840	CITY NEWPORT	STATE RI	ZIP CODE 02840
SECRETARY NAME ANTONIGETTA CALORI			TREASURER NAME MANUELA MARTINI		
STREET ADDRESS 673 THAMES STREET			STREET ADDRESS 673 THAMES STREET		
CITY NEWPORT	STATE RI	ZIP CODE 02840	CITY NEWPORT	STATE RI	ZIP CODE 02840

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VALUE		500	COMMON	NO PAR VALUE

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

3/4/96

Check No:

1476

By:

*ccw/lp*

For Secretary of State Use Only

Signature of Officer

*Manuela Martini*

MANUELA MARTINI  
Print or Type Name of Officer

TREASURER  
Title of Officer

2/29/96  
Date

State of Rhode Island and Providence Plantations



Office of The Secretary of State  
 100 North Main Street  
 Providence, Rhode Island 02903-1335  
 401-277-3040

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0081459 Annual Report for the year: 1995

Name of Corporation: Pizza Lucia, Inc.

Business entity organized under the laws of the State of: RHODE ISLAND  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
190 B THAMES STREET  
NEWPORT, RI 02840

Brief statement of the character of business conducted in Rhode Island:

OPERATION OF RESTAURANT

Phone: (401) 847-6355

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>LUCIA TACCHI</u>	<u>5 ROSENGATH AVE</u>	<u>NEWPORT, RI</u>	<u>02840</u>
VICE PRESIDENT <u>FRANCOSCA RUINI</u>	<u>27 VAUGHAN AVE</u>	<u>NEWPORT, RI</u>	<u>02840</u>
SECRETARY <u>ANTONIGITTA CALORI</u>	<u>673 THAMES ST.</u>	<u>NEWPORT, RI</u>	<u>02840</u>
TREASURER <u>ENNIO LUISON</u>	<u>5 ROSENGATH AVE</u>	<u>NEWPORT, RI</u>	<u>02840</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<del>NAME</del>	<del>STREET ADDRESS</del>	<del>CITY/STATE</del>	<del>ZIP CODE</del>
<del>NAME</del>	<del>STREET ADDRESS</del>	<del>CITY/STATE</del>	<del>ZIP CODE</del>
<del>NAME</del>	<del>STREET ADDRESS</del>	<del>CITY/STATE</del>	<del>ZIP CODE</del>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
<u>1,000</u>	<u>COMMON</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>500</u>	<u>COMMON</u>

Date 2/9, 19 95

By: Lucia Tacchi

PRINT OR TYPE NAME OF OFFICER SIGNING  
LUCIA TACCHI

TITLE OF OFFICER SIGNING  
PRESIDENT

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

LUCIA TACCHI  
 190 B THAMES STREET  
 NEWPORT RI 02840

CR 1218  
(2)