



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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.

1. Corporate ID No. 37434		2. Name of Corporation The Open Frame, Inc.			
3. Street Address Principal Business Office 417 Child Street			City Warren	State RI	Zip 02885
4. Business Phone No. 401-245-7843		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To operate a bowling alley and any other lawful business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott Mansi			Vice President Name Kevin Mansi		
Street Address 86 Hazelwood Avenue			Street Address 417R Child Street		
City E. Providence	State RI	Zip 02914	City Warren	State RI	Zip 02885
Secretary Name Kevin Mansi			Treasurer Name Scott Mansi		
Street Address 417R Child Street			Street Address 86 Hazelwood Avenue		
City Warren	State RI	Zip 02885	City E. Providence	State RI	Zip 02914
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Frank Mansi			Director Name Ethel Mansi		
Street Address 1 Long Lane			Street Address 1 Long Lane		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Scott Mansi			Director Name		
Street Address 86 Hazelwood Avenue			Street Address		
City E. Providence	State RI	Zip 02914	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value

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.

Scott Mansi 1-19-09
Signature Date

Scott Mansi

Print or Type Name

President

Title

File Date **FILED**

Check No. **MAR 02 2009**

By: 1577

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