



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

2010

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

**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 417 R 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	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
9. SHARES AUTHORIZED			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			100	Common	no 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.

<b>FILED</b>	
File Date	_____
Check No.	MAR 09 2010
By:	_____
BY <u>2021</u>	
FOR SECRETARY OF STATE USE ONLY	

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 2-19-10  
Signature Date  
Scott Mansi  
Print or Type Name  
President  
Title