



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 2014

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. 65457		2. Name of Corporation Manville Palace Pizza, Inc.			
3. Street Address Principal Business Office 141 Railroad Street			City Manville	State RI	Zip 02838
4. Business Phone No. 401-769-9777		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Pizza Restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ozan Sonmez			Vice President Name Tarkan Akin		
Street Address 141 Railroad Street			Street Address 333 Ricciuti Drive, Apt. 1623		
City Manville	State RI	Zip 02838	City Quincy	State MA	Zip 02169
Secretary Name Tarkan Akin			Treasurer Name Ozan Sonmez		
Street Address 333 Ricciuti Drive, Apt. 1623			Street Address 141 Railroad Street		
City Quincy	State MA	Zip 02169	City Manville	State RI	Zip 02838
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			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.

FILED

FEB 27 2014

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	BY
Check No. 1495	218482
By:	
FOR SECRETARY OF STATE USE ONLY	

Signature _____ Date _____
Tarkan Akin
Print or Type Name
Vice President
Title