



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

Annual Report for the year: 2018
Corporation

01.17

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000006964	2. Exact name of the Corporation MANSI, INC.
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3. Principal Office Address 417 CHILD STREET	City WARREN	State R.I.	Zip 02885
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4. NAICS Code 238920	6. Brief description of the character of business conducted in Rhode Island SALE OF HOME HEATING FUEL & PROPANE AND OPERATION OF BOWLING ALLEY
5. State of Incorporation R.I.	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KEVIN M. MANSI			Vice-President Name SCOTT MANSI		
Street Address 417 R CHILD STREET			Street Address 86 HAZELWOOD AVENUE		
City WARREN	State R.I.	Zip 02885	City EAST PROVIDENCE	State R.I.	Zip 02914
Secretary Name SCOTT MANSI			Treasurer Name KEVIN M. MANSI		
Street Address 86 HAZELWOOD AVENUE			Street Address 417 R CHILD STREET		
City EAST PROVIDENCE	State R.I.	Zip 02914	City WARREN	State R.I.	Zip 02885

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KEVIN M. MANSI			Director Name LORI BETH MANSI		
Street Address 417 R CHILD STREET			Street Address 417 R CHILD STREET		
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SFRIE S	PAR VALUE
	300.00	CNP	0

11. 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.

Name of Authorized Representative KEVIN M. MANSI	Date FEBRUARY 14TH, 2018
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Signature of Authorized Representative 	SIGN DOCUMENT HERE FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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