



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

→ 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<br><b>000037434</b>   |                      | 2. Exact name of the Corporation<br><b>THE OPEN FRAME, INC.</b>  |   |                      |                                    |
| 3. Principal Office Address<br><b>417 CHILD STREET</b>  |                      |  | City<br><b>WARREN</b>   | State<br><b>R.I.</b> | Zip<br><b>02885</b>                |
| 4. NAICS Code<br><b>238290</b>  |                      | 6. Brief description of the character of business conducted in Rhode Island<br><b>OPERATION OF BOWLING ALLEY</b> |   |                      |                                    |
| 5. State of Incorporation<br><b>R.I.</b>  |                      |  |   |                      |                                    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                      |  |   |                      |                                    |
| President Name<br><b>SCOTT MANSI</b>  |                      |  | Vice-President Name<br><b>KEVIN M. MANSI</b>  |                      |                                    |
| Street Address<br><b>86 HAZELWOOD AVENUE</b>  |                      |  | Street Address<br><b>417 R CHILD STREET</b>   |                      |                                    |
| City<br><b>EAST PROVIDENCE</b>  | State<br><b>R.I.</b> | Zip<br><b>02914</b>  | City<br><b>WARREN</b>   | State<br><b>R.I.</b> | Zip<br><b>02885</b>                |
| Secretary Name<br><b>KEVIN M. MANSI</b>   |                      |  | Treasurer Name<br><b>SCOTT MANSI</b>  |                      |                                    |
| Street Address<br><b>417 R CHILD STREET</b>   |                      |  | Street Address<br><b>86 HAZELWOOD AVENUE</b>  |                      |                                    |
| City<br><b>WARREN</b>   | State<br><b>R.I.</b> | Zip<br><b>02885</b>  | City<br><b>EAST PROVIDENCE</b>  | State<br><b>R.I.</b> | Zip<br><b>02914</b>                |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                      |  |   |                      |                                    |
| Director Name<br><b>KEVIN M. MANSI</b>  |                      |  | Director Name<br><b>SCOTT MANSI</b>   |                      |                                    |
| Street Address<br><b>417 R CHILD STREET</b>   |                      |  | Street Address<br><b>86 HAZELWOOD AVENUE</b>  |                      |                                    |
| City<br><b>WARREN</b>   | State<br><b>R.I.</b> | Zip<br><b>02885</b>  | City<br><b>EAST PROVIDENCE</b>  | State<br><b>R.I.</b> | Zip<br><b>02914</b>                |
| Director Name   |                      |  | Director Name   |                      |                                    |
| Street Address  |                      |  | Street Address  |                      |                                    |
| City  | State                | Zip  | City  | State                | Zip                                |
| 9. Shares Authorized  |                      |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                      |                                    |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                      |  | NUMBER OF SHARES  |                      |                                    |
|   |                      |  | CLASS/SERIES  |                      |                                    |
|   |                      |  | PAR VALUE   |                      |                                    |
|   |                      |  |   |                      |                                    |
|   |                      |  |   |                      |                                    |
| 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<br><b>SCOTT MANSI</b>   |                      |  |   |                      | Date<br><b>FEBRUARY 14TH, 2018</b> |
| Signature of Authorized Representative<br><i>Scott M. Mansi</i>   |                      |  |   |                      |                                    |

SIGN DOCUMENT

**FILED**

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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