



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

Annual Report for the year: 2018
Corporation

318.17

- 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 000037434		2. Exact name of the Corporation THE OPEN FRAME, INC.			
3. Principal Office Address 417 CHILD STREET			City WARREN	State R.I.	Zip 02885
4. NAICS Code 230290		6. Brief description of the character of business conducted in Rhode Island 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 SCOTT MANSI			Vice-President 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
Secretary Name KEVIN M.MANSI			Treasurer 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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KEVIN M. MANSI			Director 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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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 SCOTT MANSI				Date FEBRUARY 14TH, 2018	
Signature of Authorized Representative 				SIGN DOCUMENT FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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