



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.

RECEIVED
SECRETARY OF STATE
CORPORATION STAMP

2018 FEB 28 AM 8:50
STATE OF RHODE ISLAND
USE ONLY

1. Entity ID Number 000065457		2. Exact name of the Corporation Manville Palace Pizza, Inc.			
3. Principal Office Address 141 Railroad Street			City Manville	State RI	Zip 02838
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Pizza Restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Ozan Sonmez			Vice-President Name Tarkan Akin		
Street Address 141 Railroad Street			Street Address 1 Regency Plaza #410		
City Manville	State RI	Zip 02838	City Providence	State RI	Zip 02903
Secretary Name Tarkan Akin			Treasurer Name Ozan Sonmez		
Street Address 1 Regency Plaza #410			Street Address 141 Railroad Street		
City Providence	State RI	Zip 02903	City Manville	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
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 ☐					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No 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 Tarkan Akin					Date 2/12/18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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

FILED

FEB 28 2018

BY 325422

FORM 630 - Revised: 10/2017