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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2017

SECRETACEIVED

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Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

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2010	Wen	J; y

→ Penalty: Additional \$25.00 fe	e if form Is not file	ed by April 1.					
1. Entity ID Number	2. Exact name of	the Corporation					
000761637	MIRANO.	GRILL Q	and liz	za, INC			
3. Principal Office Address			City		State	Zip	
600 Doublas,	AVE		PROVIE	ENCE	RI	02908	
	6. Brief descriptio	n of the character	of business co	nducted in Rhode Isla	nd	<u> </u>	
722511	Fast	Food K	ESTAUR	ANT			
5. State of Incorporation `	,						
PHODE ISLAND							
7. List ALL officers (names and add	resses)	· · · · · · · · · · · · · · · · · · ·			e box to indic	ate an attachment 🔲	
President Name	л - ,		Vice-President Name				
NAMIK DEMIR Street Address	<i>EL</i>		MELTEM COSKUN				
City State Zip State P 2818 Secretary Name			Street Address 97 MANNEY ST, AFT 3 City State Zip E. GREENWICH RT 02818				
City	State	Zip	City	/	State	Zip	
E. COREBNWICH	KI	02818	E. GRE	EENWICH	KI	02818	
ECIPIAIV NAME							
NAMIK DEMIREL Street Address			MELTEM COSKUN				
97 MAYNEY S	City State Zip			97 MAYNEYST, APT 3			
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zip 028/8	
E. GREEN WICH		02818	E. GR	EEN WICH		8/820	
B. List ALL directors (names and ad Director Name	ioresses)		Director Name	Check tr	ie box to indic	ate an attachment 🔲	
Street Address			Street Address				
City	State	Zip	City	 -	State	Zip	
	<u> </u>		<u> </u>				
Director Name			Director Name				
Street Address			Street Address				
						,	
City	State	Zip	City		State	Zip	
	<u> </u>		1		<u> </u>		
Shares Authorized This information is currently of reco	rd in the	10. Shares issue	Bd HARES	Check to CLASS/SERIES	ne box to indic	par value	
Department of State.		_		_	,	THIN WALCE	
		40	:	COMMON	<u> </u>	0.01	
Changes require an additional filing.	•	}					
11. This report must be executed of	n behalf of the co	rporation by an au	thorized repres	sentative. If the corpor	ation is in the	hands of a receiver or	
trustee, this report must be execute	ed on behalf of the	e corporation by th	e receiver or tr	rustee.			
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 Representativ				<u> </u>	Date	·-·	
Manik De	mirel	A	MALIA	G Armen	13/2	6/18	
Name of Authorized Representative Alamik Demire Manual Berner 3/26/18 Signature of Authorized Representative FILED							
,		Lirra	-	•			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov