



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

**FILED
 STAMP
 FEB 11 2019**

Annual Report for the year: 2019
Corporation

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

BY 22641

1. Entity ID Number 107440		2. Exact name of the Corporation CARRISALEX, INC.			
3. Principal Office Address 306 BROADWAY			City NEWPORT	State RI	Zip 02840
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RESTAURANT/PIZZA PARLOR			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANGELA MANDROS			Vice-President Name ANGELA MANDROS		
Street Address 5 HATHAWAY DRIVE			Street Address 5 HATHAWAY DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name ANGELA MANDROS			Treasurer Name ANGELA MANDROS		
Street Address 5 HATHAWAY DRIVE			Street Address 5 HATHAWAY DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
			100		COMMON
			PAR VALUE		NO PAR
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 ANGELA MANDROS, PRESIDENT				Date 2-11-19	
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