



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

MAR 01 2019

1. Entity ID Number 531995		2. Exact name of the Corporation Being Sisypheus, Inc.				BY <u>7718 DS</u>		
3. Principal Office Address 11 Olneyville Square			City Providence		State RI		Zip 02903	
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of a Restaurant						
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 Michael Sears				Vice-President Name				
Street Address 11 Olneyville Square				Street Address				
City Providence		State RI		Zip 02903		City		
Secretary Name Michael Sears		Treasurer Name Michael Sears						
Street Address 11 Olneyville Square				Street Address 11 Olneyville Square				
City Providence		State RI		Zip 02903		City Providence		
State RI		Zip 02903		State RI		Zip 02903		
8. List ALL directors (names and addresses)							Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Michael Sears				Director Name				
Street Address 11 Olneyville Square				Street Address				
City Providence		State RI		Zip 02903		City		
State RI		Zip 02903		State		Zip		
Director Name				Director Name				
Street Address				Street Address				
City		State		Zip		City		
State		Zip		State		Zip		
9. Shares Authorized				10. Shares Issued				
This information is currently of record in the Department of State. Changes require an additional filing.				Check the box to indicate an attachment <input type="checkbox"/>				
				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
				100		Common		.01
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 Michael Sears						Date 2/24/19		
Signature of Authorized Representative <u>Michael Sears</u>								

MAIL TO:

Division of Business Services

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