



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 10 2020

BY

22975 DS

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 65 Carriage Trail			Street Address 5 Hathaway Drive 65 Carriage Trail		
City Portsmouth Middlebury	State RI	Zip 02871 02842	City Portsmouth Middlebury	State RI	Zip 02871 02842
Secretary Name Angela Mandros			Treasurer Name Angela Mandros		
Street Address 5 Hathaway Drive 65 Carriage Trail			Street Address 5 Hathaway Drive 65 Carriage Trail		
City Portsmouth Middlebury	State RI	Zip 02871 02842	City Portsmouth Middlebury	State RI	Zip 02871 02842
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		
			PAR VALUE		
100			COMMON		
			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 2-6-2020
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov