



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

**FILED**

**Annual Report for the year: 2020**  
**Corporation**

FEB 10 2020

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

BY 22975 DS

1. Entity ID Number <b>107440</b>		2. Exact name of the Corporation <b>CARRISALEX, INC.</b>			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Angela Mandros			Vice-President Name Angela Mandros		
Street Address <del>5 Hathaway Drive</del> <b>65 Carriage Trail</b>			Street Address <del>5 Hathaway Drive</del> <b>65 Carriage Trail</b>		
City <del>Portsmouth</del> <b>Middleton</b>		State RI	Zip <del>02871</del> <b>02842</b>	City <del>Portsmouth</del> <b>Middleton</b>	
Secretary Name Angela Mandros			Treasurer Name Angela Mandros		
Street Address <del>5 Hathaway Drive</del> <b>65 Carriage Trail</b>			Street Address <del>5 Hathaway Drive</del> <b>65 Carriage Trail</b>		
City <del>Portsmouth</del> <b>Middleton</b>		State RI	Zip <del>02871</del> <b>02842</b>	City <del>Portsmouth</del> <b>Middleton</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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. <b>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.</b>					
Name of Authorized Representative Angela Mandros, President				Date <b>2-10-2020</b>	
Signature of Authorized Representative 					