


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

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.

1. Entity ID Number 000539472		2. Exact name of the Corporation MANAS CONSTRUCTION INC			
3. Principal Office Address 12 HARTMAN CT			City WEST WARWICK	State RI	Zip 02893
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island  CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name BAHTIER SAITOV			Vice-President Name		
Street Address 12 HARTMAN CT			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name BAHTIER SAITOV			Treasurer Name BAHTIER SAITOV		
Street Address 12 HARTMAN CT			Street Address 12 HARTMAN CT		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name BAHTIER SAITOV			Director Name		
Street Address 12 HARTMAN CT			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
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	0.00
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 					Date
Signature of Authorized Representative BAHTIER SAITOV					

**FILED**

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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