RI SOS Filing Number: 202189443360 Date: 2/2/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
FOR SECRETARY OF STATE USE ONLY
2021 FEB -2 A 2:13

1. Entity ID Number	2. Exact name of the Corporation
000065457	Manville Palace Pizza, Inc.

3. Principal Office Address	City	State	Zip
141 Railroad Street	Manville	RI	02838

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	Pizza Restaurant
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Ozan Sonmez	Vice-President Name: Tarkan Akin
Street Address: 141 Railroad Street	Street Address: 1 Regency Plaza #410
City: Manville, State: RI, Zip: 02838	City: Providence, State: RI, Zip: 02903
Secretary Name: Tarkan Akin	Treasurer Name: Ozan Sonmez
Street Address: 1 Regency Plaza #410	Street Address: 141 Railroad Street
City: Providence, State: RI, Zip: 02903	City: Manville, State: RI, Zip: 02838

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

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	Date
Tarkan Akin	1-21-21

Signature of Authorized Representative

X

SIGN DOCUMENT HERE

FILED

FEB 02 2021

BY CK 3970

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017