



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV
2022 MAR 21 PM 3:56

STAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001700390		2. Exact name of the Corporation Frankly food, Inc.			
3. Principal Office Address 191 10th Street			City Providence	State RI	Zip 02906
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Fast food 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 Murat Sinoglu			Vice-President Name Ugur Kaya		
Street Address 191 10th Street			Street Address 120 Forbes Street, Apt. 2R		
City Providence	State RI	Zip 02906	City Riverside	State RI	Zip 02915
Secretary Name Ugar Kaya			Treasurer Name Murat Sinoglu		
Street Address 120 Forbes Street, Apt. 2R			Street Address 191 10th Street		
City Riverside	State RI	Zip 02915	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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					
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	CNP	0	
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 Ugur Kaya				Date 3/15/22	
Signature of Authorized Representative 				FILED	
				MAR 21 2022	

BY 98KIK