



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2022

2022 JUN -7 A 11:13

Corporation

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

1 Entity ID Number 001657609		2 Exact name of the Corporation Manisses Restaurant, Inc.			
3 Principal Office Address 17 Josephine Drive			City Charlestown	State RI	Zip 02813
4 NAICS Code 721110		6 Brief description of the character of business conducted in Rhode Island Owning and Operating Motor Vehicles			
5 State of Incorporation RI					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Blake Filippi			Vice-President Name		
Street Address 17 Josephine Drive			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8 List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Paul Filippi			Director Name		
Street Address 912 Champlin Rd			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name Blake Filippi			Director Name		
Street Address 17 Josephine Drive			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
9 Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		2000		2000	\$0.00000
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 Blake Filippi				Date 5/31/22	
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

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