



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020 Amended  
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

2023 FEB -1 P 3:11

|  |                    |   |                    |
|--|--------------------|---|--------------------|
| 1. Entity ID Number<br><b>937896</b>   |                    | 2. Exact name of the Corporation<br><b>MIRDESI CO. Corp.</b>  |                    |
| 3. Principal Office Address<br><b>114 Doyle Ave.</b>   |                    | City<br><b>Providence</b>   | State<br><b>RI</b> |
| 4. NAICS Code<br><b>722511</b>   |                    | 5. Brief description of the character of business conducted in Rhode Island<br><b>Pizzeria</b>                      |                    |
| 5. State of Incorporation<br><b>MA</b>   |                    |   |                    |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |                    |
| President Name<br><b>NUSRET ONER</b>   |                    | Vice-President Name<br><b>Nusret ONER</b>   |                    |
| Street Address<br><b>25 Forest St.</b>   |                    | Street Address<br><b>25 Forest St</b>   |                    |
| City<br><b>Providence</b>  | State<br><b>RI</b> | City<br><b>Providence</b>   | State<br><b>RI</b> |
| Zip<br><b>02906</b>  |                    | Zip<br><b>02906</b>   |                    |
| Secretary Name<br><b>Nusret ONER</b>   |                    | Treasurer Name<br><b>Nusret ONER</b>  |                    |
| Street Address<br><b>25 Forest St</b>  |                    | Street Address<br><b>25 Forest St.</b>  |                    |
| City<br><b>Providence</b>  | State<br><b>RI</b> | City<br><b>Providence</b>   | State<br><b>RI</b> |
| Zip<br><b>02906</b>  |                    | Zip<br><b>02906</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  |                    | Director Name   |                    |
| Street Address   |                    | Street Address  |                    |
| City   | State              | City  | State              |
| Zip  |                    | Zip   |                    |
| Director Name  |                    | Director Name   |                    |
| Street Address   |                    | Street Address  |                    |
| City   | State              | City  | State              |
| Zip  |                    | 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.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |                    |
|  |                    | CLASS/SERIES  |                    |
|  |                    | PAR VALUE   |                    |
|  |                    | <b>1,000</b>  | <b>CNP</b>         |
|  |                    |   | <b>0</b>           |
| 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.<br><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<br><b>NUSRET ONER</b>  |                    | Date<br><b>2-1-2023</b>   |                    |
| Signature of Authorized Representative<br><i>Nusret Oner</i>   |                    | FILED 3/11<br><b>FEB 01 2023</b><br>BY <i>MZ</i>  |                    |

## 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: 11/2021



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

February 01, 2023 03:11 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

