



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

- 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 <b>761037</b>	2. Exact name of the Corporation <b>Mirano Grill and Pizza INC</b>		
3. Principal Office Address <b>600 Douglas Ave</b>		City <b>Providence</b>	State <b>RI</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>Fast Food restaurant</b>	
5. State of Incorporation <b>RI</b>			

7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>		
President Name <b>Namik Demirel</b>		Vice-President Name				
Street Address <b>1166 Frenchtown Rd</b>		Street Address				
City <b>East Greenwich RI</b>	State <b>RI</b>	Zip <b>02818</b>	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		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 <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
	<b>50</b>	<b>STK</b>	<b>0.010</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.

**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 <b>Namik Demirel</b>	Date <b>5/17/23</b>
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Signature of Authorized Representative  
*Namik Demirel*

FILED

MAY 17 2023  
BY ML DDSVF