



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

JAN 18 2024

10145

1. Entity ID Number 531995		2. Exact name of the Corporation Being Sisyphus, Inc.			
3. Principal Office Address 11 Olneyville Square			City Providence	State RI	Zip 02909
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Operation of a restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicolas Bauta			Vice-President Name		
Street Address 11 Olneyville Square			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Nicolas Bauta			Treasurer Name Nicolas Bauta		
Street Address 11 Olneyville Square			Street Address 11 Olneyville Square		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nicolas Bauta			Director Name		
Street Address 11 Olneyville Square			Street Address		
City Providence	State RI	Zip 02909	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
			100	Common	No Par
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 Nicolas Bauta				Date	
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

FORM 630- Revised 04/2023