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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation		
937896	MIRDESI CO. CORP		
3. Principal Office Address	**City**	**State**	**Zip**
114 Doyle Ave	Providence	RI	02906
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
722511	Pizzeria Resturant		
5. State of Incorporation			
MA			

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
Nusret ONER	
Street Address: 25 forest st,	Street Address:
City: Providence / State: RI / Zip: 02906	City / State / Zip
Secretary Name: Nusret ONER	Treasurer Name:
Street Address: 25 forest st,	Street Address:
City: Prov. / State: RI / Zip: 02906	City / State / Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	Sup	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	FILED	Date
Nusret Oner		1-23-2025
Signature of Authorized Representative	JAN 23 2025	
Nusret Oner	BY A Rapa	

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: 12/2023