



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 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.

REC'D RIDOS BSD
25 APR 8 PM 3:39:29

1. Entity ID Number <u>937896</u>		2. Exact name of the Corporation <u>Mildesi and Company Corporation</u>	
3. Principal Office Address <u>25 Forest St</u>		City <u>Providence</u>	State <u>RI</u>
4. NAICS Code <u>722511</u>		6. Brief description of the character of business conducted in Rhode Island <u>Pizzeria Bestuat</u>	
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Nusret Oner</u>		Vice-President Name	
Street Address <u>25 Forest St</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	
Secretary Name <u>Nusret Oner</u>		Treasurer Name	
Street Address <u>25 Forest St</u>		Street Address	
City <u>Pro</u>	State <u>RI</u>	Zip <u>02906</u>	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES <u>1000</u>	CLASS/SERIES <u>SNR</u>
			PAR VALUE <u>0</u>
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. <u>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.</u> FILED			
Name of Authorized Representative <u>Nusret Oner</u>		Date <u>4-8-2025</u>	
Signature of Authorized Representative <u>Nusret Oner</u>		APR 08 2025 <u>KS</u>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



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:

April 08, 2025 03:39 PM

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

Gregg M. Amore
Secretary of State

