State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1* • *Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation
000107176	M.E.B. Foods, Inc.

3. Street Address Principal Business Office	City	State	Zip
65 Ashburton Street	Providence	RI	02904

4. Business Phone No.	5. State of Incorporation
401-286-0812	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
to own, manage and operate restaurants, bars, and lounges.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Maria E. Bernal			Vice President Name: Maria E. Bernal		
Street Address: 65 Ashburton Street			Street Address: 65 Ashburton Street		
City: Providence	State: RI	Zip: 02904	City: Providence	State: RI	Zip: 02904
Secretary Name: David Sepulveda			Treasurer Name: David Sepulveda		
Street Address: 65 Ashburton Street			Street Address: 65 Ashburton Street		
City: Providence	State: RI	Zip: 02904	City: Providence	State: RI	Zip: 02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: none			Director Name: none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: none			Director Name: none		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000			0		

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.

FILED
OCT 11 2007
By JB 39179

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Maria E. Bernal   Date: 10/10/07

Maria E. Bernal
Print or Type Name

President
Title

Form 630 Rev. 12/06