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 02903-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009.

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.:* 121357
2. *Name of Corporation:* Maya Guatemala, INC.
3. *Street Address Principal Business Office:* 364 Pocasset Avenue — *City:* Providence — *State:* R.I — *Zip:* 02909
4. *Business Phone No.:* 401-464-6296
5. *State of Incorporation:* Rhode Island
6. *Brief Description of the Character of Business Conducted in Rhode Island:* TO Own and operate a Restaurant and BAR.

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

	President	Vice President	Secretary	Treasurer
Name	Cesar H. Morales	Cesar H. Morales	~~125 Hanover St~~	
Street Address	125 Hanover St	125 Hanover St		
City	Providence	Providence		
State	R.I	R.I		
Zip	02907	02907		

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

	Director	Director	Director	Director
Name	Cesar H. Morales.	Cesar H. Morales.		
Street Address	125 Hanover St.	125 Hanover St.		
City	Providence	Providence		
State	R.I	R.I		
Zip	02907	02907		

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
8		

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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.

Signature: [signature] — *Date:* 9/17/2009.

Print or Type Name: Cesar H. Morales.

Title: President

File Date	**FILED** SEP 17 2009
Check No.	
By:	By 1139899?

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Form 630 Rev. 08/08