



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 2010

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. 133243		2. Name of Corporation MAPUHAY MANAGEMENT LLP.			
3. Street Address Principal Business Office 163 - RUSSELL DRIVE			City TIVERTON	State RI	Zip 02878
4. Business Phone No. 401-816-0446		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL CLEANING SERVICE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name IMELDA A. BEBE			Vice President Name N/A		
Street Address 163 RUSSELL DRIVE			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name FREDISVINDO O. BEBE, JR.			Treasurer Name FREDISVINDO O. BEBE, JR.		
Street Address 163 RUSSELL DRIVE			Street Address 163 RUSSELL DRIVE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares NONE	Class/Series	Par Value 0
			THIS SECTION MUST BE COMPLETED		

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.

File Date	FILED
Check No.	JAN 22 2010
By	By 295
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: Imelda A. Bebe Date: 1/20/10
Print or Type Name: IMELDA A. BEBE
Title: PRESIDENT