



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 90804		2. Exact name of the Corporation MAYABAKERY, INC		
3. Principal office address 113 Valley St		City PROV -	State RI	Zip 02909
4. Business Phone No. (401) 831.3326		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island BAKERY				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Edgar Guzman		Vice-President Name Edgar Guzman -		
Street Address 410 Wellington Av Cranston		Street Address 410 Wellington Av		
City Cranston	State RI	Zip 02910	City Cranston	State RI Zip 02909
Secretary Name Thelma Guzman		Treasurer Name Thelma Guzman		
Street Address 410 Wellington A		Street Address 410 Wellington Av		
City Cranston	State RI	Zip 02910	City Cranston	State RI Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		0		

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 SECRETARY OF STATE
 CORPORATIONS DIV

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
 Check No
 By
 FOR SECRETARY OF STATE USE ONLY

FILED

DEC 17 2013

19-213130
A.A.

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.

12-17-2013
 Signature of Authorized Representative
Edgar Guzman
 Date
 Print or Type Name of Authorized Representative