



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/business

2013

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 794

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2014 JAN 27 PM 1:59

1. Entity ID No. 794894		2. Exact name of the Corporation 3MC Delights			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island I make Super foods			
5. Principal office address 124 Harold St.		City Proov.	State RI	Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David J. Myrick			Vice-President Name Sakineh ABDur-Rasheed		
Street Address 124 Harold St.			Street Address 46 Vicksburg St		
City Proov.	State RI	Zip 02908	City Proov.	State RI	Zip 02909
Secretary Name David J. Myrick Joseph Myrick			Treasurer Name Frank Silvia		
Street Address 124 Harold St. Proov			Street Address 10 Mt Hope Ave		
City Proov	State RI	Zip 02908	City Bristol	State RI	Zip 02809
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David J. Myrick			Director Name Frank Silvia		
Street Address 124 Harold St.			Street Address 101 Mount Hope Ave		
City Proov.	State RI	Zip 02908	City Bristol	State RI	Zip 02809
Director Name David J. Myrick Stanley Young			Director Name Joseph Myrick		
Street Address 10 Mellbrigde dr.			Street Address 58		
City Wakefield	State RI	Zip 02879	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 27 2014

BY CA 215666

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 of Officer David J. Myrick Date 1/27/14

Print or Type Name of Officer David J. Myrick

Title of Officer President