



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 2015**

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. <b>782977</b>		2. Exact name of the Corporation <b>MAYRA M. INC</b>			
3. Principal office address <b>315 PRINCESS AVENUE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No.			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>GROCERY DISTRIBUTOR</b>					
President Name <b>MAYRA MARTINEZ</b>			Vice-President Name <b>SAME</b>		
Street Address <b>315 PRINCESS AVENUE</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>MAYRA MARTINEZ</b>			Director Name		
Street Address <b>315 PRINCESS AVENUE</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			200	CNP	\$0.0000

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.

*MAYRA MARTINEZ* 02/03/2015  
Signature of Authorized Representative Date  
**MAYRA MARTINEZ**  
Print or Type Name of Authorized Representative