



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 2016

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. 80340		2. Exact name of the Corporation MR BAKING, INC.		
3. Principal office address 185 Broad Street		City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 728-7770		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Ownership and Management and Operation of Bakeries.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Emanuel R. Melo		Vice-President Name Angelina C. Melo		
Street Address 185 Broad Street		Street Address 185 Broad Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Secretary Name Angelina C. Melo		Treasurer Name Emanuel R. Melo		
Street Address 185 Broad Street		Street Address 185 Broad Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Emanuel R. Melo		Director Name Angelina C. Melo		
Street Address 185 Broad Street		Street Address 185 Broad Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	Common	No Par Value
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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

Form No. 630
Revised: 01/2012

FILED

FEB 01 2016

By **KL 4580**

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.

X Emanuel R. Melo 1/25/16
Signature of Authorized Representative Date

Emanuel R. Melo

Print or Type Name of Authorized Representative