



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. 324227		2. Exact name of the Corporation M & N Mendolia Corp.			
3. Principal office address 116 Granite Street		City Westerly	State RI	Zip 02891	
4. Business Phone No. 401.637.4485		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the business of operating the retail sale of prepared foods and all other restaurant/deli items and all other lawfully related business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Philip Mendolia			Vice-President Name Philip Mendolia		
Street Address 34 Old Colony Road			Street Address see above		
City North Stonington	State CT	Zip 06359	City	State	Zip
Secretary Name Philip Mendolia			Treasurer Name Philip Mendolia		
Street Address see above			Street Address see above		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Philip Mendolia			Director Name		
Street Address see above			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			600	common	.01 par value

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

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 Authorized Representative

Philip Mendolia

Print or Type Name of Authorized Representative

Date

2-21-16

FILED

MAR 03 2016

BY **3298 DS**