RI SOS Filing Number: 201629061100 Date: 12/22/2016 11:35 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED R.I. DEPT. OF STATE BUSINESS SVCS. DIV. 2016 DEC 22 AM 11:35

1. Entity ID Number	2. Exact name of the Corporation		
000083395	Mayo Quanchi, Inc.		
3. Principal Office Address	City	State	Zip
290 Matteson Rd.	Hope	RI	02831
4. NAICS Code: 71	6. Brief description of the character of business conducted in Rhode Island: Instruction of Judo & all other activities		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Serge D. Bouyssou			Vice-President Name: Elizabeth Bouyssou		
Street Address: 290 Matteson Rd.			Street Address: 290 Matteson Rd.		
City: Hope	State: R.I.	Zip: 02831	City: Hope	State: RI	Zip: 02831
Secretary Name: Elizabeth Bouyssou			Treasurer Name:		
Street Address: 290 Matteson Rd			Street Address:		
City: Hope	State: RI	Zip: 02831	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name:			Director Name:		
Street Address:			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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
150		0

11. 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.

Name of Authorized Representative	Date
Elizabeth Bouyssou	12/22/16

Signature of Authorized Representative: Elizabeth Bouyssou SIGN DOCUMENT HERE FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

146655-2-1162208

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By: 291463

FORM 630 - Revised: 10/2016