



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 72 - Accommodation and Food		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			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Philip Mendolia					Date 2/27/17
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

MAR 03 2017

BY 90297421

FORM 630 - Revised: 10/2016

MAIL TO:

Division of Business Services

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