



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.

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 R.I. DEPT. OF STATE
 BUS SVCS
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 ZIP 02914

1. Entity ID Number 000126100		2. Exact name of the Corporation MBM NEW YORK Systems, Inc.	
3. Principal Office Address 361 Waterman Avenue		City East Providence	State RI
4. NAICS Code 722511	5. Brief description of the character of business conducted in Rhode Island Operation of a full service restaurant		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert A. Medeiros		Vice-President Name Paul Mello	
Street Address 69 Doolittle Street		Street Address 361 Waterman Ave	
City Coventry	State RI	City East Providence	State RI
Zip 02816		Zip 02914	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert A. Medeiros		Director Name Paul Mello	
Street Address 69 Doolittle Street		Street Address 361 Waterman Ave	
City Coventry	State RI	City East Providence	State RI
Zip 02816		Zip 02914	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES 100	CLASS/SERIES Common
Changes require an additional filing.			PAR VALUE 0.00
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 Robert Medeiros		Date 8/28/17	
Signature of Authorized Representative Robert Medeiros		SIGN DOCUMENT HERE SEP 18 2017	

BY 312658

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