



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

Annual Report for the year: 2013
 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 STATE
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 SEP 18 AM 11:00

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
		Zip 02914	
4. NAICS Code 722511	6. 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 129 Doolittle Street				Street Address 361 Waterman Ave							
City Coventry		State RI		Zip 02816		City East Providence		State RI		Zip 02914	
Secretary Name						Treasurer Name					
Street Address						Street Address					
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 Robert A Medeiros				Director Name Paul Mello							
Street Address 129 Doolittle Street				Street Address 361 Waterman Ave							
City Coventry		State RI		Zip 02816		City East Providence		State RI		Zip 02914	
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	
			100		Common		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		FILED
SIGN DOCUMENT HERE SEP 18 2017		

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

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