



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
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	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 129 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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>0.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	Common	0.00										
Changes require an additional filing.												
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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