RI SOS Filing Number: 201860829660 Date: 3/22/2018 4:00:00 PM

| State of Rhode Island an   | d Prov   | ridence Planti  | ations                |                                 |                          | _                |                                  |  |
|--|----------|---|-----------------------|---------------------------------|--------------------------|------------------|----------------------------------|--|
| State of Rhode Island and Providence Plantations  Department of State - Business Services  |          |   |                       | ivision FILED                   |                          |                  |                                  |  |
| Annual Report for the year:  |          | 2018  |                       |                                 | !                        | MAR 22           | 2018                             |  |
| Corporation  |          |   |                       |                                 |                          | 20               | 202                              |  |
| -> Filing period: January 1 - March 1  |          |   |                       | BY                              |                          |                  |                                  |  |
| → Filing Fee \$50.00<br>→ Penalty Additional \$25.00   | fee it f | orm is not file   | ed by April 1.        |                                 |                          |                  | $\sim$ $\sim$                    |  |
| 1. Entity ID Number  | 2. É     | 2. Exact name of the Corporation  |                       |                                 |                          |                  |                                  |  |
| 000104319  | Ma       | Matos Bakery, Inc.  |                       |                                 |                          |                  |                                  |  |
| 3. Principal Office Address  |          |   |                       | City                            | <u> </u>                 | State            | Ζp                               |  |
| 569 Broadway   |          |   |                       | Pawtucket                       | <u>.</u>                 | RI               | 02860                            |  |
| NAICS Code 6. Brief description of the character of business conducted in Rhode Island   |          |   |                       |                                 |                          |                  |                                  |  |
| 311821   | To       | To introduce, erect, operate, conduct, manage, maintain and carry on Bakery and cafe business |                       |                                 |                          |                  |                                  |  |
| 5. State of Incorporation  | 1        | 1   |                       |                                 |                          |                  |                                  |  |
| Rhode Island   |          |   |                       |                                 |                          |                  |                                  |  |
| 7. List ALL officers (names and addresses)  Check the box to indicate an attachment E  |          |   |                       |                                 |                          |                  |                                  |  |
| President Name Jose Matos  |          |   |                       | Vice-President Name Ana Matos   |                          |                  |                                  |  |
| Street Address 113 Carnation St  |          |   |                       | Street Address 113 Camation St  |                          |                  |                                  |  |
| City Pawtucket   | State    | RI  | Z <sup>IP</sup> 02860 | City Pawtuck                    |                          | State RI         | Z <sub>P</sub> 02860             |  |
| Secretary Name Marco Matos   |          |   |                       | Treasurer Name Kevin Matos      |                          |                  |                                  |  |
| Street Address 23 Chestnut St  |          |   |                       | Street Address 113 Carnation St |                          |                  |                                  |  |
| Crity Cumberland   | State    | RI  | Z <sup>·p</sup> 02864 | Cily Pawtucket                  |                          | State RI         | Zip 02860                        |  |
| 8. List ALL directors (names and addresses)  Check the box to indicate an attachment   |          |   |                       |                                 |                          |                  |                                  |  |
| Orrector Name Jose Matos   |          |   |                       | Director Name Ana Matos         |                          |                  |                                  |  |
| Street Address 113 Camation St   |          |   |                       | Street Address 113 Carnation St |                          |                  |                                  |  |
| City Pawtucket   | State    | RI  | <sup>Zip</sup> 02860  | City Pawtucket                  |                          | State RI         | <sup>Zrp</sup> 02860             |  |
| Director Name Marco Matos  |          |   |                       | Director Name                   |                          |                  |                                  |  |
| Street Address 23 Chestnut St  |          |   |                       | Street Address                  |                          |                  |                                  |  |
| Cliy Cumberland  | State    | RI  | Z <sup>()</sup> 02864 | City                            |                          |                  | <b>Ζ</b> ιρ                      |  |
| 9. Shares Authorized   |          |   | 10. Shares Issue      |                                 |                          | e box to ir      | ndicate an attachment  rar valut |  |
| This information is currently of record in the<br>Department of State.   |          | he  | NUMBER OF SHARES      |                                 | CLASSISERIES             | _                | No Par                           |  |
| Changes require an additional filing.  |          |   |                       |                                 |                          |                  |                                  |  |
| 11. This report must be executed   | on beh   | alf of the con  | oration by an aut     | horized repres                  | entative. If the corpora | ition is in t    | he hands of a receiver or        |  |
| trustee, this report must be execu   | ted on   | behalf of the   | corporation by the    | e receiver or tr                | ustee.                   |                  |                                  |  |
| 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             |                                  |  |
| Marco Matos  |          |   |                       |                                 |                          | January 18, 2018 |                                  |  |
| Signature of Authorized Representative   |          |   |                       |                                 |                          |                  |                                  |  |
| 11/WW 1/WWW  |          |   |                       |                                 |                          |                  |                                  |  |

MAIL TO:

Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov