



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

Annual Report for the year: 2018
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 121357		2. Exact name of the Corporation MAYA GUATEMALA			
3. Principal Office Address 264 POCASSET AVENUE			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT AND BAR			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CESAR H. MORALES			Vice-President Name		
Street Address 125 HANOVER STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
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			Director Name		
Street Address			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 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.			10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>
			NUMBER OF SHARES 500	CLASS/SERIES STK	PAR VALUE 00 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 CESAR H. MORALES				Date 09/06/2018	
Signature of Authorized Representative					

SIGN DOCUMENT HERE **FILED**

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

SEP 27 2018
 BY 1747 DS