



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 104319		2. Name of Corporation MATOS BAKERY INC			
3. Street Address Principal Business Office 569 BROADWAY		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. 401-722-7841		5. State of Incorporation RHODE ISLAND			6. SIC Code 0612
7. Brief Description of the Character of Business Conducted in Rhode Island TO INTRODUCE, ERECT, OPERATE, CONDUCT, MANGAGE, MAINTAIN AND CARRY ON A BAKERY AND CAFE BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSE MATOS		Vice President Name MARIA MATOS			
Street Address 113 CARNATION STREET		Street Address 113 CARNATION STREET			
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name MARCO MATOS		Treasurer Name JOSE MATOS			
Street Address 23 CHESTNUT STREET		Street Address 113 CARNATION STREET			
City CUMBELAND	State RI	Zip 02864	City PAWTUCKET	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSE MATOS		Director Name MARIA MATOS			
Street Address 113 CARNATION STREET		Street Address 113 CARNATION STREET			
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name MARCO MATOS		Director Name			
Street Address 23 CHESTNUT STREET		Street Address			
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR VALUE			200	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 4 3 1 9

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.

Signature of Officer Jose F Matos Date 1/24/05
JOSE MATOS
Print or Type Name of Officer
PRESIDENT
Title of Officer

File Date 2-9-05
Check No. 1001
By: [Signature]
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

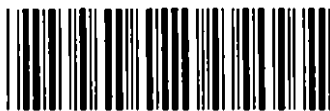
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 104319		2. Name of Corporation Matos Bakery, Inc.		
3. Street Address Principal Business Office 569 Broadway		City Pawtucket	State RI	Zip 02860
4. Business Phone No 401-722-7841		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO INTRODUCE, ERECT, OPERATE, CONDUCT, MANAGE, MAINTAIN AND CARRY ON A BAKERY AND CAFE BUSINESS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JOSE MATOS		Vice President Name MARIA MATOS		
Street Address 113 CARNATION ST		Street Address 113 CARNATION ST		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
Secretary Name MARCO MATOS		Treasurer Name MARCO MATOS		
Street Address 23 CHESTNUT ST		Street Address 23 CHESTNUT ST		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name JOSE MATOS		Director Name MARIA MATOS		
Street Address 113 CARNATION ST		Street Address 113 CARNATION ST		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 NO PAR VALUE			100	Common
				NO PAR
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 3 1 9 *

File Date 6/10/04
Check No. 751
By: 18.

FOR SECRETARY OF STATE USE ONLY

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.

Jose F Matos 3/22/04
Signature of Officer Date
Jose F Matos
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 104319 2. Name of Corporation Matos Bakery, Inc.

3. Street Address Principal Business Office
569 Broadway

City Pawtucket State RI Zip 02860

4. Business Phone No. 722-7841 5. State of Incorporation RHODE ISLAND

6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island
Bakery

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Jose Matos
Street Address 113 Carnation St.
City Pawtucket State RI Zip 02860
Secretary Name
Street Address
City State Zip

Vice President Name Ana Matos
Street Address 113 Carnation St.
City Pawtucket State RI Zip 02860
Treasurer Name
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Jose Matos
Street Address 113 Carnation St
City Pawtucket State RI Zip 02860
Director Name
Street Address
City State Zip

Director Name Ana Matos
Street Address 113 Carnation St
City Pawtucket State RI Zip 02860
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 3 1 9 *

File Date: 4-23-03

Check No.: 171

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Jose F Matos 2-28-03
Signature of Officer Date

Jose F Matos
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

104319

Matos Bakery, Inc.

3. Street Address Principal Business Office

569 Broadway

City Pawt

State RI

Zip 02860

4. Business Phone No.

(401) 722-7841

5. State of Incorporation

Rhode Island

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

Bakery

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Jose Matos

Vice President Name

Ana Matos

Street Address

113 Carnation St

Street Address

113 Carnation St

City

Pawtucket

State

RI

Zip

02860

City

Pawtucket

State

RI

Zip

02860

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Jose Matos

Director Name

Ana Matos

Street Address

113 Carnation St

Street Address

113 Carnation St

City

Pawtucket

State

RI

Zip

02860

City

Pawt

State

RI

Zip

02860

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 No Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 10/2/2002

Check No.: 898

By: gib

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Jose F Matos Date 10-2-02

Print or Type Name of Officer Jose F Matos

Title of Officer President

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **104319** 2. Name of Corporation **Matos Bakery, Inc.**

3. Street Address Principal Business Office
113 Carnation Street

City **Pawtucket**

State **RI**

Zip **02860**

4. Business Phone No.
(401) 722-7841

5. State of Incorporation
RHODE ISLAND

6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
BAKERY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

JOSE MATOS

Vice President Name

MARIA MATOS

Street Address

113 CARNATION STREET

Street Address

113 CARNATION STREET

City **PAWTUCKET** State **RI** Zip **02860**

City **PAWTUCKET** State **RI** Zip **02860**

Secretary Name

Treasurer Name

Street Address

Street Address

City State Zip

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

JOSE MATOS

Director Name

MARIA MATOS

Street Address

113 CARNATION STREET

Street Address

113 CARNATION STREET

City **PAWTUCKET** State **RI** Zip **02860**

City **PAWTUCKET** State **RI** Zip **02860**

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value
100 common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: 5/1/2001

Check No.: 1729

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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AID

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.

Signature of Officer Jose F Matos Date 4/27/01

Print or Type Name of Officer Jose F Matos

Title of Officer President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

104319

Matos Bakery, Inc.

3. Street Address Principal Business Office

113 CARNATION STREET

City

State

Zip

PAWTUCKET

R.I.

02860

4. Business Phone No.

(401) 728-6052

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

BAKERY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

JOSE F. MATOS

ANA MATOS

Street Address

Street Address

113 CARNATION STREET

SAME

City

State

Zip

City

State

Zip

PAWTUCKET

R.I.

02860

Secretary Name

Treasurer Name

JOSE F. MATOS

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

JOSE F. MATOS

ANA MATOS

Street Address

Street Address

113 CARNATION STREET

SAME

City

State

Zip

City

State

Zip

PAWTUCKET

R.I.

02860

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

200

COMMON

NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 3 1 9 *

File Date: 1/27/00

Check No.: 85

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Print or Type Name of Officer

Title of Officer