

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) 2. Name of Corporation 1. Corporate ID No. MATOS BAKERY INC 104319 3. Street Address Principal Business Office City Stote Zip RΙ 569 BROADWAY PAWTUCKET 02860 5. State of Incorporation 4. Business Phone No. 6. SIC Code RHODE ISLAND 401-722-7841 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) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name JOSE MATOS - MARIA MATOS Sireei Address Street Address 113 CARNATION STREET . 113 CARNATION STREET City State Zip City State Zip PAWTUCKET RI 02860 **PAWTUCKET** RI 02860 Treasurer Name Secretary Name JOSE MATOS MARCO MATOS Sireci Address Sircei Address 23 CHESTNUT STREET .113 CARNATION STREET City State City State 7.ip Zip RI CUMBELAND ı RI 02864 . PAWTUCKET 02860 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" ROX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name JOSE MATOS MARIA MATOS Street Address Street Address 113 CARNATION STREET 113 CARNATION STREET City State ·Ciŋ State Zip 02860 PAWTUCKET RI PAWTUCKET 02860 RI Director Nume Director Name MARCO MATOS Sircei Address Sireei Address 123 CHESTNUT STREET State Cir 17.ip Cin Zıp State 02864 ' CUMBERLAND RI 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) SSUED SHAKES **AUTHORIZED SHARES** Number of Shares Par Value Class/Series Par Value Number of Shares Class/Series 200 COMMON NO PAR 1000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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81 11811 88111 81888 EELOF 11818 781	
 104319	Under penalty of perjury, I declar

File Date	2-9-05
Check No.	(D) /(O)
B _{Y:}	Ku
FOR SECRE	TARY 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 Date

JOSÉ MATOS
Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01



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 - M (FORM MUST BE TYPED OR PRI	`	ς Fce: \$50.00				
1. Corporate ID No	2. Name of Corporation					
104319	Matos Bakery, i	nc				
3. Street Address Principal Business 569 Br			Pautuc	ke+	RT	²¹⁰ 008660
4. Business Phone No. 401 7 22 -	7841	5. State of Incorporation RHODE ISLAND				6. SIC Code
7. Brief Description of the Character TO INTRODUCE, EREC	of Business Conducted in I CT, OPERATE, CONDU	Rhode Island CT, MANAGE, MAINTAIN				
8. NAMES AND ADDRESSE. President Name	S OF THE OFFICERS	("X" BOX FOR ATTA	CHMENT)	. IN SPAC	ES BEFORE USING A	TTACHMENTS
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Sirect Address 113 CAR	nation	ST.	Sircet Address		ration 87	'
Permoce 5	State RT	02860	Puwtvey Freasurer Name	25	State RI	02860
MARCO	myto	\$	MARC	<u>0 1</u>	MATUS	
23 Ches	TUUT SI		Street Address	CH	estaut	ST
Combelland 9. NAMES AND ADDRESSE	State A I	12864 12864 RS: ("X" BOX FOR ATT	CON DERL	AND LL IN SPA	State AT ACES BEFORE USING	02864 attachments
JUSE M	2 OTA		Director Name MARIA	. ^	natus	
Sireei Aildress C1	Aenution	72	Sirver Address 113	CA	math as	56
Physicile T	State RI	zip02860	Pawrcke Director Name	. T	State RT	-02860
Street Address			Street Address			
City	State	Zip	City		State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 	 TACHMENT)	11. SHARES ISSU	ED <i>("X"</i>	 BOX FOR ATTACHM	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares		ClasvSeries	Par Value
1,000 NO PAR VALUE			1 90		Common	NU Par
This report must be	e signed in ink by eid	ner the President, Vice P	resident, Secretary, A	ssistant Se	ecretary, Treasurer, Re	ceiver or Trustee

File Date 610104	
Check No. <u>751</u>	
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and statement	
contained herein are true and correct.	-11
1 yere F Maton	3/22/04
Signature of Officer	Date
Jose F Mato	5
Print or Type Name of Officer	
President	
Title of Officer	Form 630 Rev. 12/03

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

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Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00			INSTRUCTION
(FORM MUST BE TYTED OR PR 1. Corporate ID No. 104319	INTED IN BLACK) 2. Name of Corporate Matos Baker				
3. Street Address Principal Busin 569 Bro. 4. Business Phone No. 722-78 7. Brief Description of the Chara	adway 541	5. State of Incorporation RHODE ISLAND Rhode Island	Pawtuc Ket	State RI	2ip O2860 6. SIC Code
8. NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTACE		FORE USING ATTACH	MENTS
Tose M Street Address	atos		Vice President Name Ana Ma Street Address		
113 Carna	tion St.		Sireet Address 113 Carn	ation St.	
Pawtucket Secretary Name	State RI	07890	Pawtucket Treasurer Name	RI RI	²¹⁰ 02860
Street Address			Street Address		
City	State	Zip	City	State	ZIp
Jose Ma		CTORS (*X* BOX FOR ATT)	CHMENT) FILL IN SPACES Director Name Ana M Street Address 113 Carna City Pawtucket	before using attack atos tion St	
Pawtuckes Director Name	RI	02860	Pawtucket	RI	2 386 C
Street Address			Street Address		
City	State	Zip	City	State	Zíp
10. SHARES AUTHORI AUTHORIZED SHARES	ZED (*x* box for atta	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Far Value	Number of Shares	Class/Series	Par Value
1,000 NO 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

Title of Officer

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	* 1 0 4 3 1 9 *
lle Date:	4.23.03
Sheck No.:	171
y:	2.
	Y 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.

Mose	F. M. atoo	à-38-03
Signature of Officer JOSE	F Matos	Date
Print or Type Name of Office	7-4.	

Form 630 12/02



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



Filing Period: January	l-March 1 • Fil	ing Fee: \$50.00		1,54-1,54	INSTRUCTIO
FORM MUST BE TYPED IN BLAC	k)				
1. Corporate ID No.	2. Name of Corporation				
164319 3. Street Address Principal Business ()	Matos	Bakery,	Lnc.	State	Zip
569 Brook 4. Business Phone No. (401) 722- 7. Brief Description of the Character of No.	idway	5. State of Incorporation	tawt	State RI	Od 860 6. SIC Code
(401) 722-	7841	K Hode	Island		0
7. Bilef Description of the Character of Back Ker	f Business Conducted in Rho	de Island			
8. NAMES AND ADDRESS	A			ODE HEING ATTACHME	'ATTC
President Name		CS CA BOA FOR ATTACHS	Vice President Name	ORE USING ATTACHME	W12
Street Address	toS		Ana Mate		
113 Carna- Cily Pawrucket	tion St	7/-	113 Carni Pawtucke	ation St	
Pantuckan	R I	"02860)	Paultur ke	F T	$^{\prime\prime\prime}$ $O\lambda$ 860
Secretary Name	1	,0000	Treasurer Name		94460
Street Address			Street Address		
City	State	Zip	Chy	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES BE	EFORE USING ATTACH	4ENTS
Director Name			Director Name	ation St stor RJ	
Street Address	xtcs		Street Address	xto S	
	rnation :	5+	117 (acn	ation St	
city C	State	210 24 2+	City D	State	Zip
rawticke	t KI	09880	tauti	K J	. 02860
Director Name	•		Director Name		
Street Address			Street Address		
City	State	Zip	Gity	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHM	IENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUITO SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 No P	ar 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

Date;	10/2/2002
k No.:	898
	020

Under penalty of p	erjury, I dec	lare ar	id affirm tha	t I have ex	amin	ed	
this report, includi	ing any acco	пірапу	ing schedule	es and state	ment	s, an	ıd
that all statements	contained h	ierein :	are true and	correct.			
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Title of Officer 45 S

Form 630 12/01

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

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

riiing Perioa: Januar	y 1-march 1	•	Filing Fee: \$50.00

FORM MUST .	BE TYPED	IN BLACK)
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3.	Street	Address	Principal	Business	Office
		_ /		1 1	<i>~</i> i

113 Curnation Street

4. Business Phone No.

6. SIC Cofe

722-7841 401)

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

BAKERY

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

President Name

JOSE MATOS

MARIA MATOS

Street Address

Vice President Name

Street Address

STREET 113 CARNATION

113 CARNATION STREET

PAWTUCKET

RI

02860

PAWTUCKET

RΊ

02860

Secretary Name

Street Address

Street Address

Treasurer Name

City

State

Z.Ip

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

Director Name

Street Address

City

113 CARNATION STREET

PAWTUCKET

RΙ

02860

MARIA MATOS

Street Address

Director Name

113 CARNATION STREET

City

Zip

PAWTUCKET

RI

02860

Director Name

Street Address

State

Zip

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

AUTHORIZE) SHARES

Number of Shares

Class/Series

State

Par Value

Zip

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

ZERAHO CERLIPZE

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



1,000 NO PAR VALUE

.VIC

that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Farm 630 12/00

FOR SECRETARY OF STATE USE ONLY

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

Natos Bakery, Inc.

3. Street Address Principal Business Office

State

Zip

113 CARNATION STREET 4. Business Phone No.

5. State of Incorporation

PANTUCKET

R.I.

02860 6. SIC Code

(401) 728-6052

RHODE ISLAND

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

BAKERRY

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

President Name

JOSE F. MATOS

Street Address

113 CARNATION STREET

City

PAWTUCKET

R.I.

Zip

02860

Secretary Name

Street Address

City

JOSE F. MATOS

Street Address

Vice President Name

Street Address

SAME

Treasurer Name

ANA MATOS

City

Zip

Clly

State

7.10

Zip

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

Director Name

JOSE F. MATOS

Street Address

113 CARNATION STREET

City

PAWTUCKET

R.I.

02860

Zip

Director Name Street Address

City

Street Address

ANA MATOS

SAME

City

Director Name

State

210

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

1,000 NO PAR VALUE

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR AUTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

COMMON

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

NO PAR

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



Check No .:

FOR SECRETARY OF STATE USE ONLY



that all statements contained herein are true and correct.

Print or Type Name of Officer

Title of Officer