



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2019 MAR -1 AM 11:54

1. Entity ID Number 147611		2. Exact name of the Corporation M & A TWO, INC.			
3. Principal Office Address 685 Airport Road			City Warwick	State RI	Zip 02886
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RESTAURANT BUSINESS, MEETING FACILITY, CONDUCT BANQUETS, PROVIDE ENTERTAINMENT				
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 ANTONIO AMBROSIO			Vice-President Name		
Street Address 685 Airport Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name ANTONIO AMBROSIO			Treasurer Name ANTONIO AMBROSIO		
Street Address 685 Airport Road			Street Address 685 Airport Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTONIO AMBROSIO			Director Name		
Street Address 685 Airport Road			Street Address		
City Warwick	State RI	Zip 02886	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 50	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
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 ANTONIO AMBROSIO, PRESIDENT				Date February 19, 2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 	

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